Inclusive Volunteer Recruitment

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Dear Colleague:

We hope you enjoy using the following training module "Inclusive Volunteer Recruitment." We have provided you material that should be very straightforward and easy to train with while providing a workshop to participants that will be useful and informative.

As the Disabilities Coordinator and the Training Officer at the Kentucky Commission on Community Volunteerism and Service, we feel strongly that individuals who have disabilities are an untapped resource as potential volunteers. Some organizations may be reluctant to approach this population because of their preconceived notions about disabilities in general. Others may be worried about the need for accommodations. Whatever their reasons, we hope this training will dispel any concerns they may have, and we hope this will open the doors to more inclusion in the volunteer sector.

This training will not address how to set up a volunteer program, we are assuming that there is one already in place, and/or the organization has the resources it needs in that area. We are, however, offering some concrete suggestions on how organizations can become more inclusive in their volunteer programs.

After the section 'Resources for Activities,' we have included some handouts and information that you may find helpful. Use them or not, as you see fit. We hope you enjoy this resource!

In Service,
Lanny Taulbee and Carrie Stith-Webster

Inclusive Volunteer Recruitment
Agenda

9:00 AM-9:15 AM	Welcome and introductions
9:15 AM-9:45 AM	What is true inclusion?
9:45 AM-10:00 AM	How do volunteers benefit your organization?
10:00 AM-10:30 AM	What accommodations are needed?
10:30 AM-11:00 AM	What needs to be in the role description?
11:00 AM-11:15 AM	Recruiting for an inclusive program
11:15 AM-11:30 AM	Questions and Answers, Evaluation

Trainer's Notes

	Part 1: Welcome and introductions 9:00 AM-9:15 AM
Goals	Participants will know what topics will be discussed during the training. Participants will know who else is attending the training.
Activity	The Facilitator will introduce him/herself. The Facilitator will explain to participants that, at the end of the training, they will have some specific tools they can use to help them make their volunteer program more inclusive. The Facilitator will review the schedule with participants, and then participants will introduce themselves to each other with the ice breaker.
Tools	Hard copy of the agenda-for participants Bowl Handout titled "Icebreaker Questions"-for Facilitator (page 15)
Prompts	The ice breaker: Facilitator will pass around a bowl with strips of paper. On each strip of paper is a question. As participants tell their names, title and what organization they are from, they will also read the question they picked and share this answer with the other participants.
Notes	**Prior to the training,** Facilitator will need to make the strips with questions on them. Use of the ice breaker exercise will depend on the size of the group.

	Part 2: What is true inclusion? 9:15 am-9:45 am
Goals	Participants will have a heightened awareness of the importance of the basic human need for a sense of belonging.
Activity	Participants will participate in a group activity called "The Impact of Exclusion." They will brainstorm about the exercise and how it made them feel, then the Facilitator will guide a discussion about what inclusion means to them. Record answers on wallpaper.
Tools	Colored dot stickers (or horse cut-outs, pages 16-18) Agendas with colored dots affixed to them, or cut outs of paper horses. Wallpaper and markers.
Prompts	Facilitator instructs participants to stand up and get into groups with people who have the same colored dot stickers on their agenda, or the same colored horse cut-out. After the groups have formed, and the individuals with the unique colored stickers, or horses, have been left by themselves, reconvene the entire group for discussion. Facilitator helps the group process the exercise by asking the following questions: • How did you feel when you found your group? • How did those of you without a group feel about being excluded? • Did anyone consider asking the folks who didn't have a group to join their group? • Have you ever been on the outside of a group you wanted to be a part of? • Does your place of employment have groups or cliques? • If so, what are some of the common factors that bring people in your organization together in groups or cliques?
Notes	**Prior to the training,** Facilitator will put a colored dot sticker on each agenda (or give each participant a horse cut-out). Depending on the size of the group, at least two colors (or horses) should be used. The larger the group, the more colors (or horses) should be used. Facilitator will select one to three participants who will get a sticker (or a horse cut out) that is a different color from anyone else's in the room. Directions for this exercise to follow. Make sure that 3 or 4 participants each have a color that is unique to him/her. Try to get a member of the audience to scribe while Facilitator leads the discussion. Make sure to conclude the exercise with the following thoughts, or something similar: 1. Most people have a need for membership in a group with which they can identify and in which they can feel welcomed.

2. When people are excluded from a group, they may feel alienation and experience a loss of self esteem and self confidence.

3. The feelings of alienation and lowered self esteem may result in a deeper sense of loss or hope of being included.

	Part 3: How do volunteers benefit your organization? What unique qualifications could a person with a disability bring to your agency? 9:45 am-10:00 am
Goals	Participants will identify the ways their organization will benefit from inclusive volunteerism.
Activity	Participants will participate in a small group discussion about how their organization can benefit from inclusive volunteer practices. Participants will share their ideas with the whole group in a discussion guided by the Facilitator.
Tools	Wallpaper and markers. Try to get a member of the audience to scribe while facilitator leads the discussion
Prompts	Have folks divide up by the color of the dot on their agenda into groups of 3 or 4, depending on the size of the audience. Give groups 5 minutes to come up with a list, and then ask the groups one by one to share their results. Record the results on wallpaper.
Notes	Make sure that the following ideas/points/concepts, or something similar, are reached by the participants: • The capacity of the organization is enhanced; the community as a whole is strengthened by empowering/educating/training the volunteer who has a disability. • Any new volunteer brings new ideas, a fresh approach and a different skill set. • Getting folks with disabilities engaged in volunteering gives you, as an organization, a whole new group of potential 'recruits.' • Individuals who have disabilities tend to be more creative problem solvers than their 'able-bodied' peers as a result of living in a society that is not always ready to include them.

	OPTIONAL
	To Be Used at the End of Part 3: Self Assessment of Your Organization
	(The exercise will take about 10-15 Minutes, depending on group size)
Goals	Using the self assessment tool, participants will have a better understanding of where their organization is in the process of having an inclusive volunteer program.
Activity	Participants will take five minutes to go through the assessment tool. The Facilitator will lead a group discussion about the results.
Tools	The Organizational Diversity & Inclusion Plan & Assessment Tool (page 19)
Prompts	Tell participants to read through the assessment tool. They will have five minutes to go through the checklist. Let them know that there will be a large group discussion about what they 'discovered,' and assure them that the purpose of the exercise is to help them to identify resources and potential collaborations.
Notes	

	Part 4: How you develop an inclusive volunteer program at your organization? What accommodations are needed for individuals to perform the necessary functions of a volunteer position? 10:00 AM-10:30 AM
Goals	Participants will gain knowledge about different kinds of disabilities and types of accommodations; and will be able to identify possible accommodations needed for individuals, based on their disability/condition and the responsibilities identified the role description.
Activity	(1) Participants will discuss characteristics of various disabilities/conditions which may affect a volunteer's ability to fulfill the responsibilities of a position. (2) Participants will review possible accommodations appropriate for the disability/condition. (3) Participants will review the responsibilities of a position description, and decide on appropriate accommodations based on the disability/condition.

Tools	• Descriptions of the following conditions: burns; cancer; cerebral palsy; depression; cognitive impairment; developmental disabilities; seizure disorder/epilepsy; fibromyalgia; food allergy; hearing impairment; visual impairment; 'little people'; muscular dystrophy; respiratory impairment; spinal bifida; and wheelchair user (pages 32-53).
	
	• Descriptions of possible accommodations for the above mentioned conditions (pages 54-106).
	
	• Table tent cards with a type of disability printed on it. Usage of these is optional. (page 107-122).
	
	• Role Descriptions
	  1. After School Tutor (page 123)
	  2. Family Support Volunteer (page 125)
	  2. Foster Grandparent (page 128)
	  3. AmeriCorps Tutor (page 131)

Prompts	Participants will break up into small groups of 3 or 4; make sure folks are in different groups than before. Each group is given a different type of disability (i.e.: visual impairment). (1) Tell participants to review the information sheets provided about the disability/condition that has been assigned to their group. Participants will discuss characteristics of various conditions which may affect a volunteer's

	ability to fulfill the responsibilities of a position. (2) Participants will review possible accommodations appropriate for the disability/condition. (3) Participants will review the responsibilities of a position description, then (4) Discuss appropriate accommodations based on the disability/condition. Ask participants: How easy or difficult are the necessary accommodations that are needed? Is there a cost associated? If there is time, do this exercise for 2 positions; give the groups a different type of disability for the second job description. Give groups 15 minutes to come up with a list, and then ask the groups one by one to share their results. Facilitator will record the results on wallpaper.
Notes	

	Part 5: How you develop an inclusive volunteer program at your organization? What needs to be in the role description?
	10:30 AM-11:00 AM
Goals	Participants will know how to modify their current role/position descriptions so that they can be utilized during the recruitment process.
Activity	Participants will break up into small groups and review a position/role description provided by the facilitator. Give groups 5 minutes to come up with a list, and then ask the groups one by one to share their results. Record the results on wallpaper.
Tools	• Role Descriptions 3. After School Tutor (page 123) 4. Family Support Volunteer (page 125) 2. Foster Grandparent (page 128) 3. AmeriCorps Tutor (page 131)
Prompts	Look at the role description. Tell participants that when considering engaging an individual who has disabilities as a volunteer, they must have a very detailed role description so that he/she (the potential volunteer) can determine whether or not he/she has the capability of carrying out the duties. Potential volunteers must know what the time commitment will be; the physical, emotional and mental expectations; and of course the mission of the organization and the individuals it provides services to, if applicable.
Notes	Make sure that participants are using a different role description than they used in the accommodations exercise.

	Part 6: How you develop an inclusive volunteer program at your organization? What different steps should you take in recruiting?
	11:00 AM-11:15 AM
Goals	Participants will be aware of new resources they can use in their recruitment efforts.
Activity	As a large group discussion, participants will share resources they can use during recruitment. Facilitator will record the information on wallpaper, to be sent out to all participants at a later date.
Tools	Handout with contact information for the resources for volunteer recruitment, titled <u>Volunteer Recruitment Resources</u>. (page 135).
Prompts	Facilitator will ask participants to discuss their current recruiting efforts: how do they recruit now? Where and how do they find potential volunteers? Solicit responses from the audience; some potential recruitment tools might include using craigslist.org, idealist.org, Facebook; Twitter; your local United Way; VolunteerMatch; and the Disability Resource Center at your nearby college or university. Other possible resources might include, Independent Living Centers; the Human Development Institute at UK; Voc Rehab; and the Area Agencies on Aging.
Notes	

	Part 7: Q & A; Training evaluation and wrap up
	11:15 am-11:30am
Goals	Participants will have the opportunity to reflect on the knowledge they've gained during the training, and to give the Facilitator feedback. .
Activity	Participants will complete the evaluation tool.
Tools	Evaluation tool (page 142)
Prompts	Participants will have the opportunity to ask for more information, or get clarification on some of the topics discussed. Participants will then be prompted to fill out the evaluation and leave it with the trainer.
Notes	

Part 1: Activity-Icebreaker Exercise- Questions for Icebreaker Exercise

1. If you could have an endless supply of any food, what would you get?
2. If you were an animal, what would you be and why?
3. What is one goal you'd like to accomplish during your lifetime?
4. When you were little, who was your favorite superhero and why?
5. Who is your hero? (a parent, a celebrity, an influential person in one's life)
6. What's your favorite thing to do in the summer?
7. If they made a movie of your life, what would it be about and which actor would you want to play you?
8. What's your favorite cartoon character and why?
9. If you could visit any place in the world, where would you go and why?
10. What's the ideal dream job for you?
11. Are you a morning person or a night person?
12. What are your favorite hobbies?
13. What are your pet peeves or interesting things about you that you dislike?
14. What is the weirdest thing you've ever eaten?
15. Name one of your favorite things about someone in your family.
16. Tell us about a unique and quirky habit of yours.
17. If you had to describe yourself in three words, what would those words be?
18. If someone made a movie of your life, would it be a drama, a comedy, a romantic comedy, an action film, or a science fiction movie?
19. If I could be anybody besides myself, I would be...

OR

Part 1: Activity: Group Membership Ice Breaker

Time Required: 45 minutes

Supplies needed: Facilitator will have a list of statements that he/she will use to put the participants into categories.

Learning Objective: To create a supportive environment in which participants can disclose their group memberships and to allow them to experience what it feels like to be part of a smaller (minority) group, or to be left out all together.

Activity: The Facilitator begins the exercise by calling out qualifiers which the participants will use to group themselves. Ask the participants to pretend, or try and act, as if the 'membership' of a group is important to him/her. For example, 'Everyone who has blue eyes form a circle.' Or 'everyone who has a son form a circle.' Every group will go in the inside of the larger group. The qualifiers will progressively get more restrictive, and the circle size progressively smaller. For example, 'Everyone who was born in Wisconsin form a circle.' Or, everyone who has a brown dog form a circle.' As each group of learners move towards the center of the circle, the Facilitator will be asking questions of the participants forming the group. For instance, 'What is the most positive thing about being a member of this group?' Or, 'If you weren't a part of this group, how did that make you feel?' Another question might be 'How did you feel about the folks who were in the group with you, and how did you feel about those who were not in your group?'
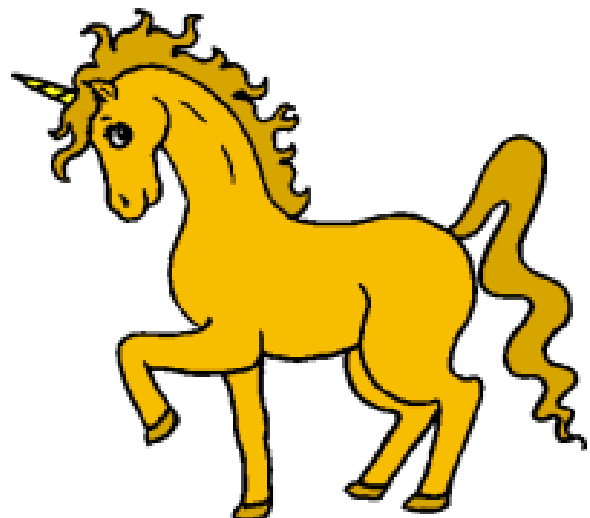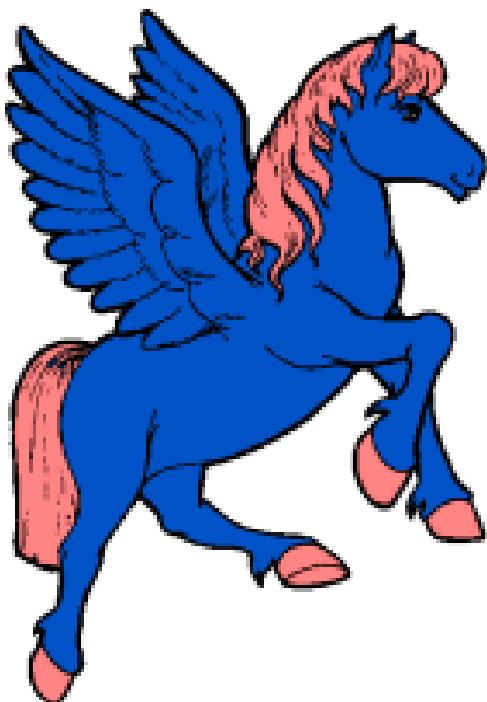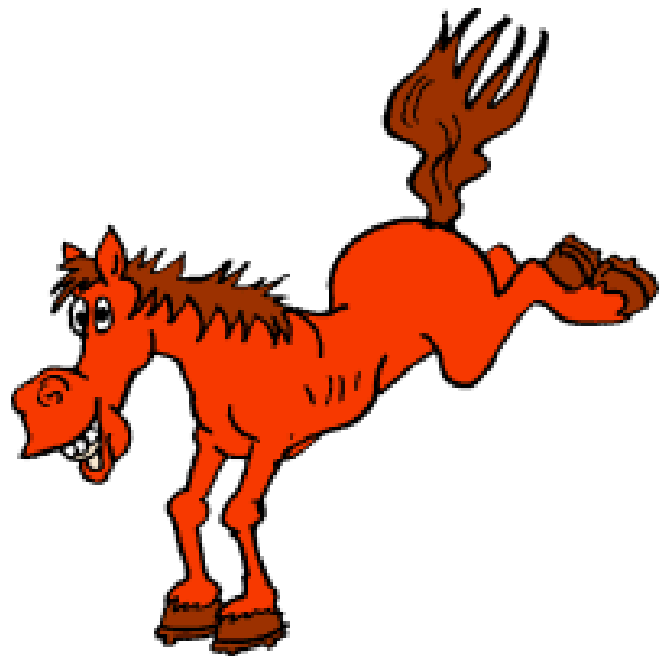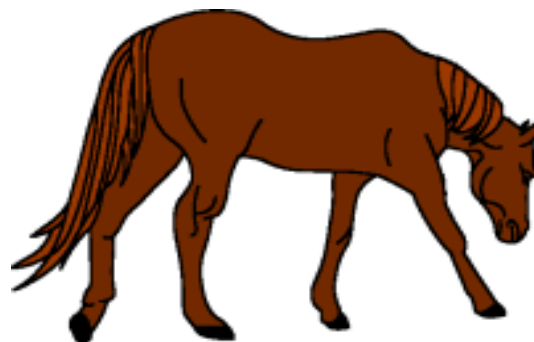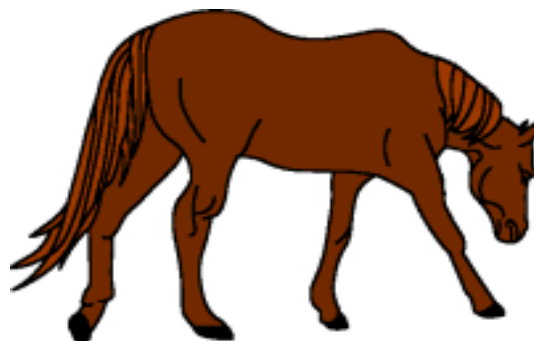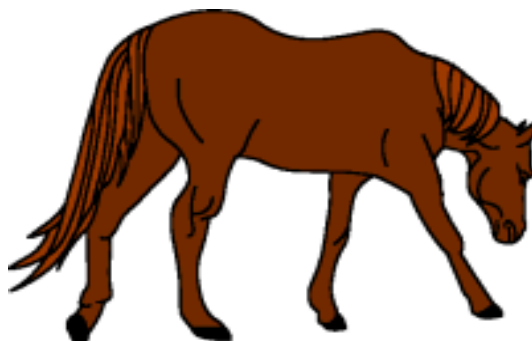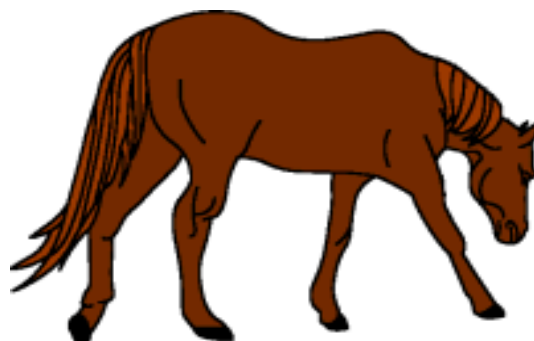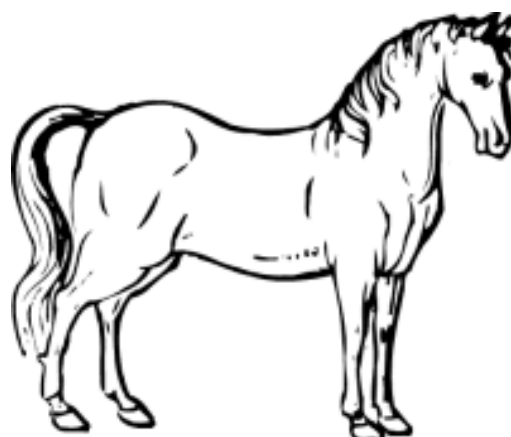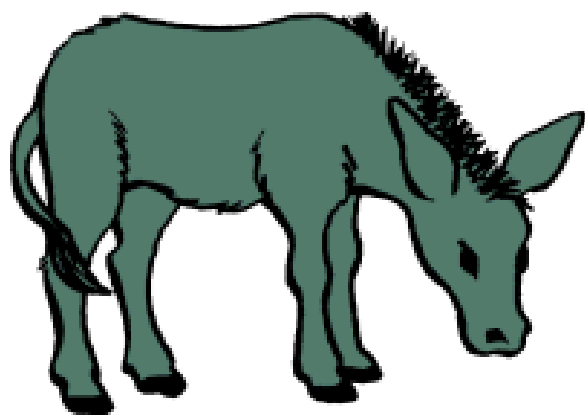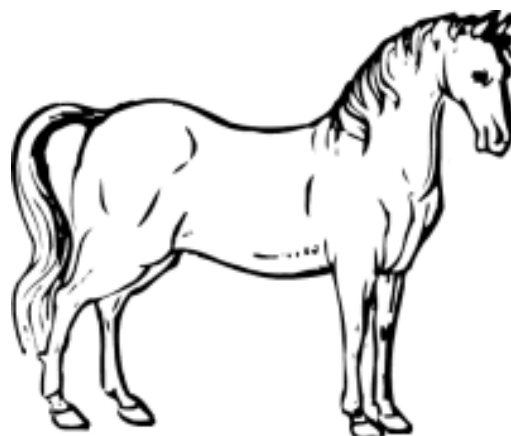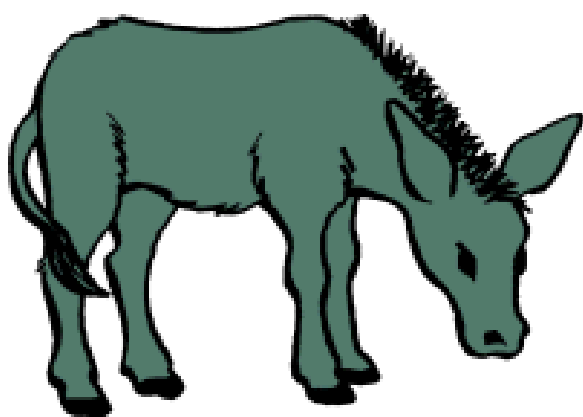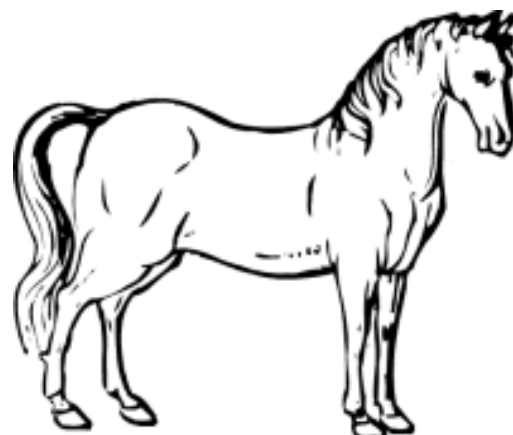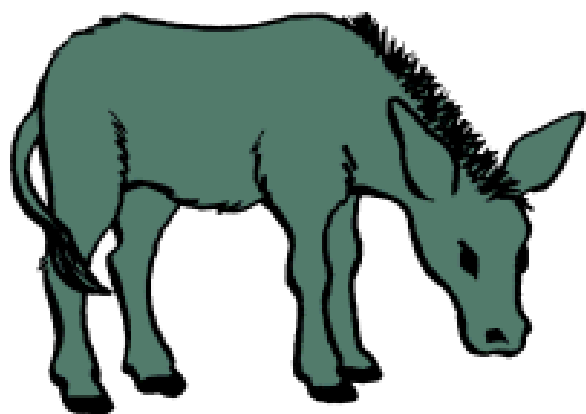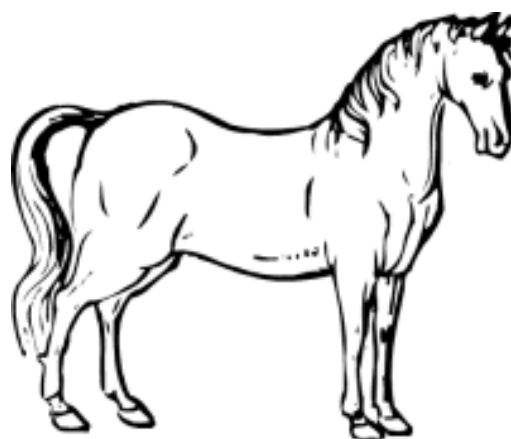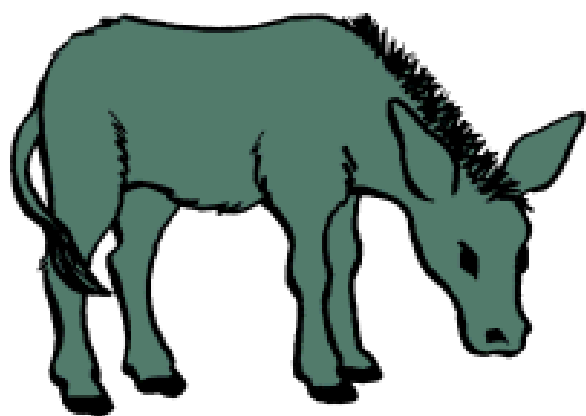
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Part 3: OPTIONAL Self Assessment

The document below originated from:

Organizational Diversity & Inclusion Plan & Assessment Tool

The American Red Cross

Washtenaw-Lenawee Chapter 4624
Packard Rd
Ann Arbor, MI 48108

Telephone: (734) 971-5300
Fax: (734) 971-5303

www.wc-redcross.org/media/Diversity_draft.doc

Organizational Diversity & Inclusion Plan & Assessment Tool

Please rank the status of each of the following items on a scale of 0 to 3, according to the ratings shown below:

0 - Not yet started   1 - Beginning phase   2 - Well under-way   3 - Fully Developed (including monitoring/review procedures)

Where appropriate please add your comments to explain or illustrate your rating.

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
A. GOVERNANCE				
1. Policies, Guidelines and Practices **Vision:** *The organization's commitment to creating an environment – a culture and climate – free of systemic and individual barriers to diversity and inclusion is incorporated into the policies, guidelines and daily practices of the organization.*				
1.1 The organization's commitment to diversity and inclusion is known and understood by all board members, management, staff, volunteers, members and organizational affiliates	1. The Board has made public their commitment to diversity & inclusion.	0	• TBD	• HR Committee reviews DIC plan • Board reviews HR Committee recommendations • Board issues public commitment o Statement placed on website o Statement placed in annual report
	2. Opportunities for the involvement of diverse segments of the population, as well as all members of the organization (board, staff, volunteers) have been clearly defined in the development of organizational policies and strategies.	0	• TBD	• Identify the diverse segments (DIC) • Consolidate the in-process efforts of the various areas to create a master list
1.2 Anti-discrimination and workplace harassment policies are in place, including principles and objectives of diversity & inclusion in the areas of governance, programs ,services and	1. The Chapter has incorporated the principles of diversity & inclusion into its statement of values.	3	• A formal Diversity & Inclusion Philosophy has been developed by the Diversity & Inclusion Committee (DIC) and accepted by the board. • This philosophy is visible to anyone who walks into the Chapter. • The philosophy has also been printed on cards and is shared with all Chapter members, etc. • The philosophy is included in the Volunteer Handbook	•

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
human resources management.	2. The organization allocates appropriate resources (staffing, time, financial) to the development and review of polices relating to diversity & inclusion.	1	• Diversity & inclusion have been identified as one of the five key values of the Chapter. • DIC has been tasked with creating a diversity & inclusion plan for the Chapter. • DIC has been tasked with annually measuring progress toward stated goals and reporting on said progress. • DIC includes the Executive Director (ex officio) and members of the board's HR committee. • Membership is open to paid employees, volunteers, and community members.	• Ongoing (DIC, HR Committee, Board, etc.)
1.3 Principles of diversity & inclusion are embedded in all organizational policies and practices.	1. The organization has addressed issues of diversity and inclusion in its strategic plan.	1	• The D & I Committee (DIC) has been tasked with creating a diversity & inclusion plan for the Chapter. • DIC has been tasked with annually measuring progress toward stated goals and reporting on said progress.	• Complete & present the plan (DIC) • Develop metrics for determining progress (DIC)
	2. The organization has assessed its existing policies, guidelines and practices to determine if they are congruent with the principles of diversity and inclusion.	1	• A Zero Tolerance Policy (ZTP) exists and has been reviewed with the board, paid staff and volunteers. • The Chapter is committed to being a diverse and inclusive organization. It seeks to recognize, value, and incorporate diversity & inclusion in its products & services, policies & operations, service recipients & paid & volunteer workforce. Diversity includes differences such as age, belief, citizenship, culture, economic level, ethnicity, sexual orientation, gender, language, national origin, philosophy of life, physical ability, physical appearance, race, and religion. (This statement is embedded in paid & volunteer workforce handbooks)	• Ensure follow through on the ZTP (Exec Director) • Educate all members on the ZTP (Exec Director) • Include in Volunteer Handbook & Employee Handbook

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
1.4 Mechanisms are established to monitor and measure progress towards achieving organizational change to reduce barriers to diversity and inclusion.	1. The Board has explored the possibility of systemic barriers to inclusion existing in their governance and board policies and practices.	**0**	• TBD (this will need comprehensive representation from all constituencies to be complete)	• Board invites HR Committee & DIC to engage in a conversation re: systemic barriers • Others also need to be engaged in conversation re: identifying these barriers
	2. The Board has formulated an action plan to eliminate barriers to inclusion.	**0**	• TBD	• Board tasks HR Committee & DIC with creating a plan to help eliminate systemic barriers
	3. The Board has put a monitoring procedure in place with respect to progress made in the areas of diversity & inclusion.	**1**	• DIC has been charged with developing a measurement process with respect to diversity & inclusion.	• Develop the metrics (DIC) • Present the metrics (DIC) • Adopt the metric (Board)
<td colspan="5" style="background:yellow">**Leadership** **Vision:** *The organization's leaders' commitment to diversity & inclusion is known within the organization and in the community and is reflected in the decision-making structures and processes of the organization.*</td>
2.1 The board and executive director (ED) provide informed leadership in the implementation of anti-discrimination and workplace harassment polices.	1. The Board has clearly outlined its expectations for management on the implementation of diversity & inclusion policies.	**2**	• This has been built into the ED's annual performance review process.	• Ongoing
	2. The Board has clearly outlined its expectations for management on the implementation of workplace discrimination / harassment policies?	**3**	• A Zero Tolerance Policy (ZTP) exists and forms the foundation of expectations related to egregious behaviors.	• Ongoing
	3. The Board has developed clear guidelines to follow if the policies are breached.	**3**	• The Zero Tolerance Policy lays out specific and clear guidelines.	• Ongoing

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
	4. The Board and ED have committed resources explicitly to the effective implementation of diversity, inclusion, and workplace discrimination / harassment policies and programs.	2	• DIC has been charged with assisting the Chapter with respect to implementing policies and programs in this area, including identifying gaps in achieving progress in diversity & inclusion.	• Ongoing

Inclusiveness of Process
Vision: *The decision-making process is inclusive and reflects community needs and expectations.*

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
3.1 Information concerning governance structure and opportunities to serve are effectively communicated to members of diverse communities within the service area.	1. The organization has developed a communications strategy to inform diverse populations of its activities and invite them to participate.	1	• A Communications Task Force (CTF) has been convened to address these issues.	• Ongoing
	2. The organization has developed a comprehensive list of community and ethnic media.	0	• TBD	• Ongoing (CTF)
	3. The organization has developed a comprehensive list of community & regional groups and organizations that deal directly with diverse and / or marginalized populations.	1	• The Blood Services intern has begun compiling this list. •	• In-process
	4. The organization has developed a comprehensive list of other points of access for reaching diverse communities (i.e. places of worship, community centers, social clubs etc.).	1	• The Blood Services intern has begun compiling this list.	• In-process

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STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
	5. The organization has compiled and updated regional profiles including demographics and social, economic, health and environmental issues.	**0**	• TBD	• TBD
3.2 Partnerships between community organizations and the organization are in place, reflect the diversity of the population, and are functioning well.	1. The organization has developed an effective and inclusive formal and informal working relationship with diverse community groups and organizations.	**1**	• TBD	• Ongoing • Everybody inside of the Chapter should continue to make progress on this item
	2. The organization has developed a two-way consultation mechanism with diverse communities.	**0.5**	• Blood Services has begun to develop this	• Ongoing • Consider developing a survey to discover the programs & services other community groups & agencies are providing (DIC)
	3. Partnerships are actively sought with organizations representing diverse populations.	**1**	• Ongoing • Red Cross Ambassadors	• Ongoing • Red Cross Ambassadors
3.3 Members of diverse communities are equitably represented in the different levels of the organization, i.e. board, committees and management.	1. The organization has explored the possibility of systemic barriers in the recruitment, selection and retention processes for board, committees, and paid & volunteer staff. (i.e. advertising outlets, criteria for selection, interview process, time / financial requirements for participation)	**0**	• TBD	• HR Committee & Nominating/Board Development Committee

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
	2. The Board has explored the possibility of barriers existing in the way the board and committees function. (e.g. time and location of meetings, accessibility of building, availability of child / elder care, meeting style)	1	• An initial conversation has occurred at the board level	• ED & Board Chair should keep this on the board's agenda • Nominations & Board Development Committee (NBD) should also make this a standing topic
	3. Orientation and training are provided to members as needed to increase their ability to participate effectively.	0	• Red Cross Ambassadors	• Volunteer Resources • Health & Safety Services • Operations Team • Committee Chairs
	4. Time is set aside in meetings for each member to express their perspective and concerns.	0	• TBD	• Design & hold retreats • All-Hands Mtgs • Create mechanisms for gathering input/feedback • Etc.
	5. Ground rules have been determined which state how group members are to relate to one another.	1	• Some initial expectations have been clarified through the communications training that has been done at retreats, All-Hands Mtgs, etc.	• Ongoing
	6. Terms of reference for committees include a process for conflict resolution?	0	• TBD	• Identify resources within the Chapter who could assist with this
	7. The organization developed a plan to eliminate barriers and to enhance participation in the board and committees.	0	• TBD	• Create a single source of information about committees, meetings, etc. o Monday email blast o Posted notices o "Snail Mail" o Etc.

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
3.4 Effective mechanisms are in place to handle complaints about incidences of discrimination from organizational affiliates, volunteers and community groups	1. The organization has developed a mechanism for effectively handling complaints of incidences of discrimination from organizational partners, affiliates, volunteers and community groups.	3	• Complaints are addressed internally through the management system. If the complaint cannot be addressed in this manner it is referred to the HR Committee of the board. • This is mandated by NHQ as part of the Chapter's Performance Standards.	• Check to see if a form has been created to get formal complaints to the necessary mediator(s)
	2. The organization developed a strategy to ensure that the board, management, staff, organizational affiliates, volunteers and community groups are aware of their right to access the complaints procedure to address any incidence of discrimination.	2	• Check w/Volunteer Services (VS) re: handbooks	• DIC to make contact with Erin Ferris (Dir. Of VS)

<table>
<tr><td colspan="5" style="background:red;color:white">B. Programs and Services</td></tr>
<tr><td colspan="5" style="background:yellow">1. Service Planning
Vision: <i>Services are barrier-free and appropriate to the needs of diverse communities.</i></td></tr>
</table>

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
1.1 Participation of diverse communities in the needs identification and planning of organizational programs and services is supported and encouraged.	1. Key members of diverse communities have been invited to participate in the planning of the organization's programs and services.	0	• TBD	• Ongoing
	2. The organization has obtained information about the needs and interests of these diverse communities.	1	• TBD	• Ongoing

<table>
<tr><td colspan="5" style="background:yellow">2. Service Delivery
Vision: <i>Programs and services are responsive to the values, norms and needs of diverse communities.</i></td></tr>
</table>

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
2.1 Programs and services are adapted to take into account and accommodate the values, norms and issues of diverse communities.	1. Staff adapt programs and services to respond to identified needs and issues; e.g.: • Meals/childcare/transportation are provided • Respect for faith / spiritual practices • Meeting times, locations and structures • Services respond to expressed issues and needs	**1**	• ESL Preparedness (Sandra Andrade)	•
2.2 Appropriate linguistic resources are provided to ensure equitable utilization of organizational programs and services by the diverse communities.	1. The various linguistic groups have been identified within its service area.	**2**	• A list is being developed (Language Bank)	• DIC & other Depts. need to add to, and maintain, this list
	2. The organization has developed an action plan with members of diverse communities to eliminate language barriers to accessing programs and services.	**2**	• Resources are being identified (Language Bank)	• DIC & other Depts. need to add to, and maintain, this list
3. Outreach **Vision:** *Diverse communities in the service area know of the organization's programs and services.*				
3.1 Effective, equitable and appropriate strategies are utilized to communicate programs and services with	1. An outreach strategy has been developed and appropriate resources allocated to reach the various communities in an equitable manner?	**0**	• TBD	• Executive Director to coordinate development of strategy

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
diverse communities within the service area.	2. A communication strategy has been developed to provide information to various communities within the service area, including: • Targeted media (TV, audio / radio, print) • Community newspapers • Key informants • Community leaders	1	• Communications Task Force (CTF) has been formed	• CTF to coordinate
	3. The organization has established two-way communication mechanisms with diverse communities in its service area?	0	• TBD	• Executive Director & CTF to coordinate
C. Human Resources				
1. Staff Recruitment / Retention / Promotion **Vision**: *All levels of staff reflect the diversity found in the area.*				
1.1 Staff, organizational affiliates and volunteers are reflective of the diverse communities in the broader community.	1. The organization has explored the possibility of barriers in the recruitment, hiring, promotion and retention of diverse staff, organizational affiliates and volunteers.	0	• Chapter hours may be one barrier to positive interaction	• HR Committee to take the lead
	2. Paid and volunteer opportunities have been advertised in non-mainstream media. (i.e. target media, community newspapers, newsletters of professional associations and community organizations)	0	• Check with Volunteer Services (VS)	• Public Affairs & CTF to coordinate

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
	3. The organization has consulted with members of diverse communities regarding the development of the recruitment process?	0	• TBD	• HR Committee to take the lead • Volunteer Resources to assist
	4. The organization has reviewed the interview process for biases, such as: diversity among the interviewers and bias-free questions & judgments	0	• TBD	• HR Committee to take the lead • Nominating Committee to assist • Volunteer Resources to assist
	5. Mentoring and conflict resolution systems have been put into place to ensure the retention of diverse staff, organizational affiliates and volunteers?	0	• TBD	• Executive Director & HR Committee
2. Board / Staff / Volunteer Training **Vision**: *All staff and volunteers are knowledgeable about how social, political, economic and cultural differences affect the ability of diverse groups to fully participate in their communities, and are skilled in working with diverse members of the community.*				
2.1 All staff, board members and volunteers are given opportunities to participate in diversity & inclusion knowledge and skill development programs.	1. The knowledge and skills of its board, management, staff and volunteers have been assessed in the areas of diversity & inclusion.	0	• TBD	• DIC to coordinate
	2. The organization has developed a diversity & inclusion education program, accessible by and recommended for, all staff, board members and volunteers.	1	• Peacock in the Land of Penguins • Collaborating Workshop • Strategies for Working in a Diverse Community • DIC addresses All-Hands Meetings on diversity & inclusion issues	• DIC to coordinate • Ongoing

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
	3. The organization has involved members of diverse communities in the planning, delivery and evaluation of the diversity & inclusion education program.	**0**	• TBD	• DIC
	4. The organization keeps its resources current for staff, professionals and volunteers to update their knowledge and skills on appropriate service delivery to diverse communities?	**0**	• Google Groups (distribution lists) ○ Use to share information, post articles, notify events, etc.	• DIC • HR Committee • Volunteer Resources • Invite someone from Google to help us better understand how we can use their tools
3. Performance Appraisals **Vision:** *Improved staff, board and volunteer performance promotes an environment free of all forms of discrimination, workplace harassment and barriers to inclusion.*				
3.1 Evaluation of management, staff and volunteers includes adherence to discrimination and workplace harassment prevention policies	1. The organization has developed clear guidelines for staff to provide cross-cultural services within an inclusive framework.	**1**	• TBD	• Executive Director • HR Committee
	2. Indicators of diversity and inclusion are included in the performance appraisal of staff.	**1**	• TBD	• Executive Director • HR Committee
	3. Consideration is given to volunteers' contributions to promoting diversity & inclusion during volunteer appraisals.	**0**	• Chapter currently recognizes outstanding performance •	• Operations Team • DIC
	4. Indicators of diversity and inclusion are included in the performance appraisal of the board of directors' functioning?	**0**	• TBD	• Nominating Committee • HR Committee

STANDARDS	MEASURES	STATUS	COMMENTS	NEXT STEPS & BY WHOM
D. Evaluation and Monitoring				
Vision: *The organization's programs and services are responsive to the needs of diverse communities.*				
1.1 An evaluation plan is in place to monitor the accessibility, appropriateness and effectiveness of programs and services.	1. The organization has consulted with diverse communities in the development of an evaluation plan.	1	• NHQ has a community partner evaluation survey • We need to be able to add diversity & inclusion questions to this evaluation	• DIC • Community survey(s) • Community focus groups
	2. The organization has established an evaluation process to monitor the accessibility, appropriateness and effectiveness of programs and services to diverse communities.	0	• TBD	• DIC • HR Committee
Additional Comments				

Length of time you have been involved in the organization? _____yrs _____months   Relationship with organization?
        Director   Paid Staff   Volunteer   Board Member   Partner   Funder/Donor

Burns

Burns are one of the most common household injuries. It is estimated that about 1.25 million burn injuries occur each year in the United States. Due to burn prevention and education programs, this rate has actually dropped by 50% in the last 30 years. Also, because of the advances in treatment of burns an individual is now much more likely to survive a serious burn injury. Since more individuals are surviving even the most severe of burn injuries, especially those burned as children, there are more burn survivors in the workplace (American Burn Association, 2000).

Burns are usually caused by heat (thermal burns), such as fire, or hot liquids. Burns can also be caused by chemicals and radiation such as sun light and electricity (Merck, 2003).

Burns are classified in three ways: first, second and third degree:

> First degree burns are the most common type of burn injury. This involves only the top layer of skin and is characterized by pain, redness, and swelling. Sunburn is a typical first degree burn (Merck, 2003).

> Second degree burns involve the first and second layer of skin. They are characterized by blistering of the skin, redness, and swelling and are very painful (Merck, 2003).

> Third degree burns are the most severe and often result in extensive scarring. They can require a long recovery time and may result in severe limitations (Merck, 2003).

Questions to Consider:

1. What limitations is the student with a burn injury experiencing?

2. How do these limitations affect the student and the student's performance?

3. What specific tasks are problematic as a result of these limitations?

4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?

5. Has the student with a burn injury been consulted regarding possible accommodations?

6. Once accommodations are in place, would it be useful to meet with the student with a burn injury to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?

7. Do supervisory personnel and other students need training regarding burn injuries?

Accommodation ideas include:

Cancer

The lifetime risk of developing cancer is 1 in 2 for men and 1 in 3 for women (Ries, et al., 2004).

Cancer develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells. Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life, normal cells divide more rapidly until the person becomes an adult. After that, cells in most parts of the body divide only to replace worn-out or dying cells and to repair injuries. Because cancer cells continue to grow and divide, they are different from normal cells. Instead of dying, they outlive normal cells and continue to form new abnormal cells. Cancer cells often travel to other parts of the body where they begin to grow and replace normal tissue. This process, called metastasis, occurs as the cancer cells get into the bloodstream or lymph vessels of our body. When cells from a cancer like breast cancer spread to another organ like the liver, the cancer is still called breast cancer, not liver cancer (American Cancer Society, Inc., 2005).

Treatment options may include surgery, radiation, chemotherapy, hormone therapy, and immunotherapy. Surgery is the oldest form of cancer treatment; sixty percent of people with cancer will have surgery. Radiation therapy uses high-energy waves, such as x-rays or gamma rays, to destroy cancer cells. Chemotherapy is the use of drugs to treat cancer. Systemic chemotherapy uses anticancer drugs that are usually given into a vein or by mouth to enter the bloodstream and reach all areas of the body. Hormone therapy is treatment with hormones, drugs that interfere with hormone production (American Cancer Society, 2005).

Questions to Consider:

1. What limitations is the student with cancer experiencing?

2. How do these limitations affect the student and the student's performance?

3. What specific tasks are problematic as a result of these limitations?

4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?

5. Has the student with cancer been consulted regarding possible accommodations?

6. Once accommodations are in place, would it be useful to meet with the student with cancer to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?

7. Do supervisory personnel and employees need training regarding cancer?

Accommodation ideas include:

Cerebral Palsy

Cerebral Palsy (CP) is a disorder caused by damage to the brain during or shortly after birth. CP is not progressive, communicable, inherited, or a primary cause of death. It is not a disease.

CP is characterized by an inability to fully control motor function, particularly muscle control and coordination. Depending on which areas of the brain have been damaged, one or more of the following may occur: muscle tightness or spasticity; involuntary movement; disturbance in gait or mobility, difficulty in swallowing and problems with speech. In addition, the following may occur: abnormal sensation and perception; impairment of sight, hearing or speech; seizures; and/or mental retardation. Other problems that may arise are difficulties in feeding, bladder and bowel control, problems with breathing because of postural difficulties, skin disorders because of pressure sores, and learning disabilities (United Cerebral Palsy, 2001).

Accommodation ideas include:

Cognitive Impairment

Cognitive impairment, as used in this publication, refers to disturbances in brain functions, such as memory loss, problems with orientation, distractibility, perception problems, and difficulty thinking logically. Cognitive impairment is a syndrome, not a diagnosis. Many conditions can cause cognitive impairment, including multiple sclerosis, depression, alcoholism, Alzheimer disease, Parkinson disease, traumatic brain injury, chronic fatigue syndrome, and stroke. The following is a quick overview of some of the job/school accommodations that might be useful for people with cognitive impairment.

Accommodation ideas include:

Depression

Depression is an illness that involves feelings of sadness lasting for two weeks or longer, often accompanied by a loss of interest in life, hopelessness, and decreased energy. Such distressing feelings can affect one's ability to perform the usual tasks and activities of daily living. This is considered to be clinical depression. It is very different from a temporary case of "the blues" triggered by an unhappy event or stressful situation. Depression affects the mind, but this does not mean "it's all in your head."

Depression is a medical illness linked to changes in the biochemistry of the brain. Depression is not a weakness of character. Being depressed doesn't mean a person is inadequate. It means the person has a medical illness that is just as real as diabetes or ulcers. Like other medical disorders, clinical depression should not be ignored or dismissed. A clinically depressed person cannot simply "snap out of it" any more than a person with an ulcer could simply will it away.

Accommodation ideas include:

Developmental Disabilities

Developmental Disabilities are severe, chronic disabilities which are attributable to a mental <u>or</u> physical impairment or combination of mental and physical impairments; are manifested before the person attains the age twenty-two; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, and economic self-sufficiency.

Note: People with MR/DD may experience limitations in cognitive abilities, motor abilities, and social abilities that can affect workplace performance. People who have MR/DD may have some of these limitations, and possibly all of these limitations. The degree of limitation will vary from individual to individual, and therefore, the accommodation provided will also vary.

Questions to consider:

1. What symptoms or limitations is the individual experiencing?
2. How do the individual's symptoms or limitations affect school performance?
3. What specific tasks are problematic as a result of these symptoms and limitations?
4. What accommodations are available to reduce or eliminate these problems?
5. Are appropriate resources being used to determine accommodations?
6. Has the individual been consulted regarding possible accommodations?
7. Once accommodations are in place, would it be useful to meet with the individual to evaluate the effectiveness of the accommodations and determine whether additional accommodations are needed?
8. Do supervisory personnel and classmates need disability awareness training?

Accommodation ideas include:

Accommodation Ideas

www.jan.wvu.edu/soar

Epilepsy

Epilepsy is the tendency to have repeated seizures that originate in the brain. There are several types of possible seizures that range from losing consciousness and massive muscles jerks to blank stares. For example, generalized tonic clonic seizures, also called grand mal seizures, look like the individual suddenly cries or falls; the individual may lose consciousness. On the other hand, generalized absence seizures or petit mal seizures look like a blank stare, beginning and ending abruptly, lasting only a few seconds.

The following terminology is taken in part or in whole from the Epilepsy Foundation at http://www.efa.org and the National Society for Epilepsy http://www.epilepsynse.org.uk/pages/index/home/.

Generalized tonic clonic seizures, also called grand mal seizures, look like a sudden cry or fall; the individual may lose consciousness. The individual will exhibit rigidity, followed by muscle jerks, shallow or temporarily suspended breathing, bluish skin, and possible loss of bladder control. This seizure may last a couple of minutes. The individual may experience some confusion and/or fatigue, followed by a return to full consciousness.

Generalized absence seizures or petit mal seizures look like a blank stare, beginning and ending abruptly, lasting only a few seconds. Other behaviors exhibited may include rapid blinking or some chewing movements of the mouth.

Complex partial seizures, also called psychomotor seizures or temporal lobe seizures, usually start with a blank stare, followed by chewing, then followed by random activity. The individual appears unaware of surroundings, may seem dazed, and may mumble. The individual may be unresponsive, and clumsy. The individual may pick at clothing or try to remove clothes, and may run or appear afraid. The individual may struggle or resist restraint. This seizure lasts a few minutes, but post-seizure confusion can last longer. The individual has no memory of what happened during the seizure.

Simple **partial seizures** begin with involuntary jerking movement in the arm, leg, or face. The jerking may spread to become a convulsive seizure. The individual remains awake and aware throughout this type of seizure. The individual may see or hear things that are not there, and may feel unexplained sadness, anger, fear, or joy. The individual may also experience nausea, identify odd smells, or have a "funny" feeling in the stomach.

Atonic seizures, also known as drop attacks, occur when an individual suddenly drops and falls. This type of seizure generally lasts between 10 seconds and one minute. The individual will regain consciousness and can eventually stand and walk again.

Myoclonic seizures are sudden, brief, but massive muscle jerks that may involve the whole body or parts of the body. This type of seizure activity may cause an individual to spill what he/she is holding, or fall from a chair.

Photosensitivity epilepsy seizures can occur when an individual views or is exposed to, flashing or flickering lights or moving geometric shapes or patterns. Some triggers include watching television, playing video games, using a computer, and viewing strobe lights. Other natural occurrences of flashing or flickering lights include sunlight coming through a line of trees, looking out of a window, or sunlight reflecting on water.

Accommodation ideas include:

Fibromyalgia

Fibromyalgia Syndrome (FMS) is a complex, chronic condition that causes widespread pain and severe fatigue. The name "fibromyalgia" comes from "fibro" meaning fibrous tissues (such as tendons and ligaments), "my" meaning muscles, and "algia" meaning pain. FMS is a syndrome because it is a set of signs and symptoms that occur together, affecting muscles and their attachments to bones. It is not a true form of arthritis and does not cause deformities of the joints. It is, however, a form of soft tissue or muscular rheumatism. Deep muscular pain is the most common symptom of FMS. Usually starting at the neck and shoulders and spreading to other parts of the body over time, the pain varies according to the time of day, weather, sleep patterns, and stress level. People with FMS experience extreme tenderness when pressure is applied to the knees, thighs, hips, elbows, and neck. Approximately 90 percent of people with FMS experience fatigue and exhaustion. People with FMS are also likely to have sleep disorders; severe changes in mood and thinking, including depression and chronic anxiety; headaches; impaired memory; irritable bowel syndrome; multiple chemical sensitivity syndrome; restless legs; skin and temperature sensitivity; TMJ; and tingling similar to the symptoms of cumulative trauma disorders. Painful menstrual periods (dysmenorrhea), chest pain, morning stiffness, muscle twitching, irritable bladder, dry eyes and mouth, frequent changes in vision, dizziness, and impaired coordination can also occur.

Accommodation ideas include:

Food Allergy

A food allergy occurs when a person's immune system decides that a particular food is harmful and so creates specific antibodies to it. The next time the individual is exposed to that food, the immune system releases massive amounts of chemicals to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system. Symptoms range from a tingling sensation in the mouth, swelling of the tongue and the throat, difficulty breathing, hives, vomiting, abdominal cramps, diarrhea, drop in blood pressure, and loss of consciousness to death. Symptoms typically appear within minutes to two hours after the person has eaten the food to which he or she is allergic.

Scientists estimate that approximately 11 million Americans suffer from true food allergies. Although a person can be allergic to any food, there are eight foods that account for 90% of all food allergy reactions. These are milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Currently, there are no medications that cure food allergies. Strict avoidance of the allergy-causing food is the only way to avoid a reaction.

Accommodation ideas include:

Hearing Impairments

There are approximately 28 million Americans who are deaf or hard of hearing. According to the National Association of the Deaf, the term "deaf" refers to individuals who are not able to hear well enough to rely on hearing as a means for processing information. The term "hard of hearing" refers to individuals who have some hearing loss but are able to use hearing to communicate. The term "Deaf" is used as a cultural definition. "Deaf" references a community of individuals who are deaf and who share a common language, American Sign Language (ASL), and culture. The terms "deaf-mute" or "deaf and dumb" are not appropriate in the 21st century.

Accommodation ideas include:

Little People

What Are Growth Disorders?

There are many causes of growth failure in children. Some are constitutional, some are genetic, and some are the result of hormonal disorders. In some cases the growth disorder may be recognized at birth; in others, a parent may be concerned that the child is the shortest in the class, still wearing the same size clothing as last year, and growing less than two inches a year. In these cases, a thorough medical evaluation by a pediatric endocrinologist (or other growth specialist) is necessary to determine if there is a growth disorder affecting the child's development.

As a child with dwarfism grows, other issues may also become apparent, including:

- delayed development of some motor skills, such as sitting up and walking
- a greater susceptibility to ear infections and hearing loss
- breathing problems caused by small chests
- weight problems
- curvature of the spine (scoliosis)
- bowed legs
- trouble with joint flexibility and early arthritis
- lower back pain or leg numbness
- crowding of teeth in the jaw

What is Achondroplasia?

The most common form of disproportionate growth retardation, achondroplasia is recognizable at birth and after the 24th week of gestation using ultrasound. Characteristics include:

- A moderately enlarged head
- Average height and size trunk
- Short limbs

- Underdevelopment of the mid-third of the face so that the nasal bridge is relatively low or flat
- Short fingers with excessive separation of the fingertips, especially the third and fourth fingers

Accommodation ideas include:

Muscular Dystrophy

Muscular Dystrophy (MD) is the common name for several progressive hereditary diseases that cause muscles to weaken and degenerate. MD is caused by defects in genes for muscle proteins. Most of these proteins appear to play a role in supporting the structure of muscle fibers. The term "muscular dystrophy" refers to a group of genetic diseases marked by progressive weakness and degeneration of the skeletal, or voluntary, muscles, which control movement. Individuals with MD usually exhibit contractures, a condition often associated with shortened muscles around the joints. Due to the abnormal and sometimes painful positioning of the joints, most individuals with MD have extreme fatigue and weakness as well as speech, mobility, and fine motor limitations. In addition, scoliosis, or curvature of the spine, is common.

MD is generally inherited but in some cases no family history of the disease may exist. MD can affect people of all ages. While some forms first become apparent in infancy or childhood, others may not appear until middle age or later (Muscular Dystrophy Association, 2001).

Moderate exercise programs and physical therapy can minimize contractures, and certain exercises may prevent or delay scoliosis. Surgery can sometimes be helpful in relieving muscle shortening. In addition, respiratory care for some individuals with MD may also help. Medications known as corticosteroids have been found to slow muscle destruction in some forms of MD, but can have serious side effects. Researchers are testing new corticosteroids that may have fewer side effects. The prognosis of MD varies according to the type of MD and the progression of the disorder (Muscular Dystrophy Association, 2001).

Accommodation ideas include:

Respiratory Impairments

There are a number of medical conditions that can affect the respiratory system, including allergies, asthma, chemical sensitivity, chronic obstructive pulmonary disease (COPD), lung cancer, pulmonary sarcoidosis, tuberculosis, emphysema, pulmonary hypertension, and AIDS related lung disease. Symptoms of respiratory impairment may include labored breathing, asthma attacks, fatigue, mobility problems, heightened sensitivity to ordinary substances and chemicals, and compromised immunity to infection.

Accommodation ideas include:

Spina Bifida

Spina bifida is the most frequently occurring permanent birth defect. It affects approximately one out of every 1,000 newborns in the United States. It results from the failure of the spine to close properly during the first month of pregnancy. In severe cases, the spinal cord protrudes through the back and may be covered by skin or a thin membrane. From: http://www.sbaa.org/html/sbaa_facts.html.

There are three types of Spina Bifida:

Occulta

Often called hidden spina bifida, the spinal cord and the nerves are usually normal and there is no opening on the back. In this usually harmless form of spina bifida, there is a small defect or gap in a few of the small bones (vertebrae) that make up the spine.

There may be no motor or sensory impairments evident at birth, subtle, progressive neurologic deterioration often becomes evident in later childhood or adulthood.

In many instances, spina bifida occulta is so mild that there is no disturbance of spinal function at all. Occulta can be diagnosed at any age.

Meningocele

The protective coatings (meninges) come through the open part of the spine like a sac that is pushed out. Cerebrospinal fluid is in the sac and there is usually no nerve damage. Individuals may suffer minor disabilities. New problems can develop later in life.

Myelomeningocele

This occurs when the meninges (protective covering of the spinal cord) and spinal nerves come through the open part of the spine. This is the most serious type of spina bifida, which causes nerve damage and more severe disabilities.

Are there any learning disabilities associated with Spina Bifida?

Children with spina bifida/ hydrocephalus (fluid on the brain) often show unique learning strengths and weaknesses that affect their schoolwork. Parents and schools need to work together to help the young people meet their physical, social, emotional, and academic goals.

Most children with spina bifida/ hydrocephalus have I.Q. scores in the average range. This result, however, is somewhat deceptive because there is a broad range of scores on intelligence test among children with spina bifida/ hydrocephalus ranging from the gifted to the retarded. Also, children with spina bifida/ hydrocephalus often have major differences among their abilities due to orthopedic and neurological problems. Both parents and teachers, however, must recognize that learning problems are routinely a part of children with spina bifida/ hydrocephalus. These problems contribute to poor academic functioning and class work.

As we acknowledge that children with spina bifida do have learning problems, we are better able to recognize them and help. Often parents or teachers notice that something is interfering with a youngster's success at school but they are not sure what is wrong. In addition, it often helps to have a psychological evaluation, which would evaluate a child's intelligence, academic levels (e.g. visual perception, receptive and expressive language skills). Because of more basic learning problems, it is helpful to evaluate neuropsychological functions. These include attention, perceptual-motor processes, reasoning and problem solving, organization and sequencing skills, and memory. If the child is receiving special education services, the parent can request the Individual Education Program (IEP) be written so that these problems are reflected in the plan.

Accommodation ideas for individuals with spina bifida may include:

Vision Impairments

There are an estimated 10 million blind and visually impaired people in the United States, 1.3 million of which are considered legally blind (American Foundation for the Blind, 2006a). Of this number, approximately 109,000 people use long canes for assistance, while about 7,000 individuals use service dogs (American Foundation for the Blind, 2006a).

Vision impairments result from conditions that range from the presence of some usable vision, low vision, to the absence of any vision, total blindness. Low vision is a term that describes a person with a vision impairment that cannot be improved by correction but has some usable vision remaining. Legal blindness is defined as 20/200 or less in the better eye with the best possible correction. Errors of refraction, diseases of the eye, and other vision-related conditions are usually the cause of vision loss. Each of these categories includes more specific disorders, which are described below (American Foundation for the Blind, 2006b).

Common Errors of Refraction

Myopia (Nearsightedness): Close objects look clear while distant objects appear blurred.

Hyperopia (Farsightedness): The ability to see objects clearly at a distance while close objects appear blurry.

Astigmatism: Due to the irregular curvature of the cornea, vision is blurry for both near and far objects.

Presbyopia: The eye lens becomes less elastic (associated with aging) and produces blurred vision when focusing on near objects.

Common Diseases of the Eye

Cataracts: Clouding of the eye's lens that causes loss of vision.

Glaucoma: Pressure inside the eye is elevated and can cause damage to the optic nerve, which results in damage to peripheral vision.

Macular Degeneration: There is a disturbance of blood vessels in the eye resulting in progressive loss of central vision.

Retinitis Pigmentosa: There is a degeneration of pigment in the eye that is needed to absorb light and create visual images, leading to "tunnel vision" and night blindness.

Retinopathy (due to Diabetes): Retinopathy typically affects the blood circulation of the retina, which causes blotchy vision.

Other Vision Related Conditions

Night Blindness: Night blindness results from pigmentary degeneration of the retina, which leads to difficulty seeing in low light.

Color Vision Deficiency: A color vision deficiency occurs when cone cells of the retina, which provide daylight and color vision, are affected and there is difficulty distinguishing among colors. Typically this only involves certain hues, for example a red-green deficiency; total color blindness (achromatic vision) is rare.

Lack of Depth Perception: A lack of depth perception is often caused by the loss of sight in one eye, resulting in difficulty with foreground/background discrimination.

Floaters: Floaters are small specks or clouds moving in the field of vision.

Accommodation ideas include:

Wheelchair Users

People use wheelchairs for a variety of reasons, the most common reason being paralysis from spinal cord injuries. Other conditions that may cause people to use wheelchairs include muscular dystrophy, multiple sclerosis, polio, cerebral palsy, and arthritis. People who use wheelchairs have a wide variety of limitations.

Accommodation ideas include:

Burns

Burns are one of the most common household injuries. It is estimated that about 1.25 million burn injuries occur each year in the United States. Due to burn prevention and education programs, this rate has actually dropped by 50% in the last 30 years. Also, because of the advances in treatment of burns an individual is now much more likely to survive a serious burn injury. Since more individuals are surviving even the most severe of burn injuries, especially those burned as children, there are more burn survivors in the workplace (American Burn Association, 2000).

Burns are usually caused by heat (thermal burns), such as fire, or hot liquids. Burns can also be caused by chemicals and radiation such as sun light and electricity (Merck, 2003).

Burns are classified in three ways: first, second and third degree:

First degree burns are the most common type of burn injury. This involves only the top layer of skin and is characterized by pain, redness, and swelling. Sunburn is a typical first degree burn (Merck, 2003).

Second degree burns involve the first and second layer of skin. They are characterized by blistering of the skin, redness, and swelling and are very painful (Merck, 2003).

Third degree burns are the most severe and often result in extensive scarring. They can require a long recovery time and may result in severe limitations (Merck, 2003).

Questions to Consider:

1. What limitations is the student with a burn injury experiencing?

2. How do these limitations affect the student and the student's performance?

3. What specific tasks are problematic as a result of these limitations?

4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?

5. Has the student with a burn injury been consulted regarding possible accommodations?

6. Once accommodations are in place, would it be useful to meet with the student with a burn injury to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?

7. Do supervisory personnel and other students need training regarding burn injuries?

Accommodation ideas include:

Gross Motor Impairment:

- Provide an accessible entrance

- Install automatic door openers

- Provide an accessible restroom

- Provide an accessible route of travel to other areas used by the student

- Modify the workstation to make it accessible

- Adjust desk height if wheelchair or scooter is used

- Make sure materials and equipment are within reach range

- Move workstation close to other areas used by the student

- Provide stand/lean stools

Fine Motor Impairment:

- Implement ergonomic workstation design, including arm supports

- Provide alternative computer setups

- Provide writing and grip aids, a page turner and a book holder,

- Provide a note taker

Heat Sensitivity:

- Reduce classroom temperature and use fan/air conditioner at desk area

- Use cool vest or other cooling clothing

Cold Sensitivity:

- Increase classroom temperature

- Use portable space heaters

- Dress in layers using thermal material or fleece

- Wearing gloves

- Provide heated clothing

Classmate Interaction:

- Educate all classmates on their rights to accommodations

- Provide sensitivity training to classmates and instructors

- Do not mandate that student attend school-related social functions

Stress and Emotions:

- Provide praise and positive reinforcement

- Refer to counseling

- Allow the presence of a support animal

- Allow the student to take breaks as needed

Resources Specifically for People with Burn Injuries

American Burn Association
625 North Michigan Ave
Suite 1530
Chicago, IL 60611
Toll Free: (800)548-2876
Direct: (312)642-9260
Fax: (312)642-9130
info@ameriburn.org
http://www.ameriburn.org

Phoenix Society for Burn Survivors, Inc.
2153 Wealthy SE, Suite 215
East Grand Rapids, MI 49506
Toll Free: (800)888-2876
Direct: (616)458-2773
Fax: (616)458-2831
http://www.phoenix-society.org

Cancer

The lifetime risk of developing cancer is 1 in 2 for men and 1 in 3 for women (Ries, et al., 2004).

Cancer develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells. Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life, normal cells divide more rapidly until the person becomes an adult. After that, cells in most parts of the body divide only to replace worn-out or dying cells and to repair injuries. Because cancer cells continue to grow and divide, they are different from normal cells. Instead of dying, they outlive normal cells and continue to form new abnormal cells. Cancer cells often travel to other parts of the body where they begin to grow and replace normal tissue. This process, called metastasis, occurs as the cancer cells get into the bloodstream or lymph vessels of our body. When cells from a cancer like breast cancer spread to another organ like the liver, the cancer is still called breast cancer, not liver cancer (American Cancer Society, Inc., 2005).

Treatment options may include surgery, radiation, chemotherapy, hormone therapy, and immunotherapy. Surgery is the oldest form of cancer treatment; sixty percent of people with cancer will have surgery. Radiation therapy uses high-energy waves, such as x-rays or gamma rays, to destroy cancer cells. Chemotherapy is the use of drugs to treat cancer. Systemic chemotherapy uses anticancer drugs that are usually given into a vein or by mouth to enter the bloodstream and reach all areas of the body. Hormone therapy is treatment with hormones, drugs that interfere with hormone production (American Cancer Society, 2005).

Questions to Consider:

1. What limitations is the student with cancer experiencing?
2. How do these limitations affect the student and the student's performance?
3. What specific tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?

5. Has the student with cancer been consulted regarding possible accommodations?

6. Once accommodations are in place, would it be useful to meet with the student with cancer to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?

7. Do supervisory personnel and employees need training regarding cancer?

Accommodation ideas include:

Fatigue/Weakness:
- Reduce or eliminate physical exertion and stress
- Schedule periodic rest breaks away from the desk area
- Allow a flexible schedule
- Implement ergonomic workstation design
- Provide a scooter or other mobility aid if walking cannot be reduced
- Make sure materials and equipment are within reach range
- Move workstation close to other areas used by the student
- Reduce noise with sound absorbent baffles/partitions, headsets, etc.
- Provide alternate work space to reduce visual and auditory distractions

Respiratory Difficulties:
- Provide adjustable ventilation and avoid temperature extremes
- Keep classroom area environment free from dust, smoke, odor, and fumes
- Implement a "fragrance-free" classroom policy and a "smoke free" building policy
- Use fan/air-conditioner or heater in the classroom

Skin Irritations:
- Avoid infectious agents and chemicals
- Avoid invasive procedures
- Provide protective clothing

Stress:
- Develop strategies to deal with work problems before they arise
- Provide sensitivity training to classmates and other instructors
- Provide information on counseling

Temperature Sensitivity:
- Modify classroom temperature or provide an area with separate temperature control
- Modify dress code and use fan/air-conditioner or heater at the workstation
- Redirect air conditioning and heating vents

Resources Specifically for People with Cancer

American Cancer Society
1599 Clifton Rd, NE
Atlanta, GA 30329
Toll Free: (800)ACS-2345
http://www.cancer.org

Cancer Care, Inc.
275 Seventh Ave.
New York, NY 10001
Toll Free: (800)813-HOPE/Direct: (212)712-8080
Fax: (212)712-8495
http://www.cancercare.org

Cancer Information Service
Building 31, Room 10A31
31 Center Drive, MSC 2580
Bethesda, MD 20892
Toll Free: (800)4CA-NCER/TTY: (800)332-8615
http://www.nci.nih.gov/info/what.htm

National Cancer Institute
Building 31 Room 10A31
31 Center Drive, MSC 2580
Bethesda, MD 20892-2580
Toll Free: (800)4CA-NCER/TTY: (800)332-8615

http://www.nci.nih.gov

Cerebral Palsy

Cerebral Palsy (CP) is a disorder caused by damage to the brain during or shortly after birth. CP is not progressive, communicable, inherited, or a primary cause of death. It is not a disease.

CP is characterized by an inability to fully control motor function, particularly muscle control and coordination. Depending on which areas of the brain have been damaged, one or more of the following may occur: muscle tightness or spasticity; involuntary movement; disturbance in gait or mobility, difficulty in swallowing and problems with speech. In addition, the following may occur: abnormal sensation and perception; impairment of sight, hearing or speech; seizures; and/or mental retardation. Other problems that may arise are difficulties in feeding, bladder and bowel control, problems with breathing because of postural difficulties, skin disorders because of pressure sores, and learning disabilities (United Cerebral Palsy, 2001).

Accommodation ideas include:

Activities of Daily Living:
- Place workstation/classroom close to accessible restrooms and break rooms
- Allow the use of a personal care attendant
- Allow a service animal in the workplace
- Allow extra time for activities of daily living (ADL)

Fatigue/Weakness:
- Reduce or eliminate physical exertion and workplace/classroom stress
- Schedule periodic rest breaks away from the workstation
- Allow a flexible work/study schedule
- Implement ergonomic workstation design
- Provide access to a scooter or other mobility aid if walking cannot be reduced

Fine Motor:
- Implement ergonomic workstation design
- Provide arm supports
- Provide alternative computer access and keyguard

- Provide writing and grip aids
- Provide a page turner and a book holder
- Provide a note taker

Gross Motor:

- Reduce walking or provide a scooter or other mobility aid
- Provide parking close to the work-site/classroom and an accessible entrance
- Install automatic door openers
- Provide an accessible route of travel to other work/classroom areas used by the employee
- Move workstation close to other work/study areas, office equipment, and break rooms

Cognitive Impairment:

- Provide written job/study instructions when possible
- Prioritize job/classroom assignments
- Allow flexible work/study hours
- Allow periodic rest breaks to reorient
- Provide memory aids, such as schedulers or organizers
- Minimize distractions
- Allow a self-paced workload
- Reduce job/study stress
- Provide more structure

Speech Impairment:

- Provide a picture board or picture cards
- Provide speech amplification, speech enhancement, or other communication device
- Use written communication, such as email or fax
- Transfer to a position that does not require a lot of communication
- Allow periodic rest breaks

Resources Specifically for People with Cerebral Palsy

United Cerebral Palsy
1660 L Street, NW, Suite 700
Washington, DC 20036-5602
Toll Free: (800)872-5827/
Direct: (202)776-0406
TTY: (800)872-5827
Fax: (202)776-0414

webmaster@ucp.org
http://www.ucpa.org

Goodwill Industries International, Inc.
9200 Rockville Pike
Bethesda, MD 20814
Toll Free: (800)664-6577
TTY: (301)530-9759
Fax: (301)530-1516
Phone: (301)530-6500
http://www.goodwill.org

American Academy for Cerebral Palsy & Developmental Medicine (AACPDM)
6300 North River Road, Suite 727
Rosemont, IL 60018-4226
(847)658-1635
http://www.aacpdm.org

Cognitive Impairment

Cognitive impairment, as used in this publication, refers to disturbances in brain functions, such as memory loss, problems with orientation, distractibility, perception problems, and difficulty thinking logically. Cognitive impairment is a syndrome, not a diagnosis. Many conditions can cause cognitive impairment, including multiple sclerosis, depression, alcoholism, Alzheimer disease, Parkinson disease, traumatic brain injury, chronic fatigue syndrome, and stroke. The following is a quick overview of some of the job/school accommodations that might be useful for people with cognitive impairment.

Accommodation ideas include:

Maintaining Concentration:

- Reduce distractions in the work/study area
- Provide space enclosures or a private office/study space
- Allow for use of white noise or environmental sound machines
- Allow the employee/student to play soothing music using a cassette player and headset
- Increase natural lighting or provide full spectrum lighting
- Reduce clutter in the employee's/student's work/study environment
- Plan for uninterrupted work/study time
- Divide large assignments into smaller tasks and steps
- Restructure job/assignments to include only essential functions

Staying Organized and Meeting Deadlines:

- Make daily TO-DO lists and check items off as they are completed
- Use several calendars to mark schedules and job/assignment deadlines
- Remind employee/student of important deadlines via memos or e-mail or weekly supervision
- Use a watch or pager with timer capability and electronic organizers
- Divide large assignments into smaller tasks and steps

- Assign a mentor/classmate to assist employee/student determining goals and provide daily guidance
- Schedule weekly meetings with supervisor, manager or mentor to determine if goals are being met

Handling Memory Deficits:

- Allow the employee/student to tape record meetings/class discussions
- Provide type written minutes of each meeting
- Use notebooks, calendars, or sticky notes to record information for easy retrieval
- Provide written as well as verbal instructions
- Allow additional training time
- Provide written checklists
- Provide environmental cues to assist in memory for locations of items, such as labels, color coding, or bulletin boards
- Post instructions over all frequently used equipment

Handling Problem Solving Deficits:

- Provide picture diagrams of problem solving techniques, i.e. flow charts
- Restructure the job/assignment to include only essential functions
- Assign a supervisor, manager or mentor to be available when the employee/student has questions

Working Effectively with Supervisors:

- Provide positive praise and reinforcement
- Provide written job/assignment instructions
- Write clear expectations of responsibilities and the consequences of not meeting them
- Allow for open communication to managers and supervisors/teachers
- Establish written long term and short term goals
- Develop strategies to deal with problems before they arise
- Provide written work agreements
- Develop a procedure to evaluate the effectiveness of the accommodation

Handling Stress and Emotions:

- Provide praise and positive reinforcement
- Refer to counseling and employee assistance programs
- Allow telephone calls during work hours to doctors and others for needed support
- Provide sensitivity training to coworkers

- Allow the employee/student to take a break to use stress management techniques to deal with frustration

Handling Change:

- Recognize that a change in the office/classroom environment or of supervisors/teachers may be difficult
- Maintain open channels of communication between the employee/student and the new and old supervisor/teacher in order to ensure an effective transition
- Provide weekly or monthly meetings with the employee/student to discuss workplace/classroom issues and production levels

Maintaining Stamina During the Workday:

- Flexible scheduling
- Allow longer or more frequent work breaks
- Provide additional time to learn new responsibilities
- Provide self-paced workload
- Provide backup coverage for when the employee/student needs to take breaks
- Allow for time off for counseling
- Allow for use of supportive employment and job coaches

Depression

Depression is an illness that involves feelings of sadness lasting for two weeks or longer, often accompanied by a loss of interest in life, hopelessness, and decreased energy. Such distressing feelings can affect one's ability to perform the usual tasks and activities of daily living. This is considered to be clinical depression. It is very different from a temporary case of "the blues" triggered by an unhappy event or stressful situation. Depression affects the mind, but this does not mean "it's all in your head."

Depression is a medical illness linked to changes in the biochemistry of the brain. Depression is not a weakness of character. Being depressed doesn't mean a person is inadequate. It means the person has a medical illness that is just as real as diabetes or ulcers. Like other medical disorders, clinical depression should not be ignored or dismissed. A clinically depressed person cannot simply "snap out of it" any more than a person with an ulcer could simply will it away.

Accommodation ideas include:

Stamina During the Workday:
- Flexible scheduling
- Allow longer or more frequent work breaks

Concentration:
- Reduce distractions in the work area
- Provide space enclosures or a private space
- Allow for use of white noise or environmental sound machines
- Allow the student to play soothing music using a cassette player and headset
- Increase natural lighting or provide full spectrum lighting
- Plan for uninterrupted work time and allow for frequent breaks
- Divide large assignments into smaller tasks and goals
- Restructure assignments to include only essential functions

Memory Deficits:

- Allow the student to tape record classes and provide written checklists
- Provide type written notes of each assignment
- Provide written instructions and allow additional training time

Difficulty Staying Organized and Meeting Deadlines:

- Make daily TO-DO lists and check items off as they are completed
- Use several calendars to mark meetings and deadlines
- Remind student of important deadlines
- Use electronic organizers
- Divide large assignments into smaller tasks and goals

Difficulty Handling Stress and Emotions:

- Provide praise and positive reinforcement
- Refer to counseling
- Allow the presence of a support animal
- Allow the student to take breaks as needed

Attendance Issues:

- Provide flexible absenteeism for health problems
- Provide a self-paced work load and flexible hours
- Allow student to make up assignments

Resources Specifically for People with Depression

Center for Psychiatric Rehabilitation
Boston University
940 Commonwealth Avenue West
2nd Floor
Boston, MA 02215
Direct: (617)353-3549
Fax: (617)353-7700
http://www.bu.edu/cpr

National Depressive and Manic-Depression Association (NDMDA)
730 North Franklin Street, Suite 501
Chicago, IL 60610
Toll Free: (800)826-3632
Direct: (312)642-0049
Fax: (312)642-7243
http://www.ndmda.org

National Foundation for Depressive Illness, Inc.
P.O. Box 2257
New York, NY 10116
Toll Free: (800)239-1265
http://www.depression.org/

Developmental Disabilities

Developmental Disabilities are severe, chronic disabilities which are attributable to a mental <u>or</u> physical impairment or combination of mental and physical impairments; are manifested before the person attains the age twenty-two; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, and economic self-sufficiency.

Note: People with MR/DD may experience limitations in cognitive abilities, motor abilities, and social abilities that can affect workplace performance. People who have MR/DD may have some of these limitations, and possibly all of these limitations. The degree of limitation will vary from individual to individual, and therefore, the accommodation provided will also vary.

Questions to consider:

1. What symptoms or limitations is the individual experiencing?
2. How do the individual's symptoms or limitations affect school performance?
3. What specific tasks are problematic as a result of these symptoms and limitations?
4. What accommodations are available to reduce or eliminate these problems?
5. Are appropriate resources being used to determine accommodations?
6. Has the individual been consulted regarding possible accommodations?
7. Once accommodations are in place, would it be useful to meet with the individual to evaluate the effectiveness of the accommodations and determine whether additional accommodations are needed?
8. Do supervisory personnel and classmates need disability awareness training?

Accommodation ideas include:

Limitations in Cognitive Abilities

Reading: Depending on IQ and other cognitive abilities, people with MR/DD may not be able to read information in the classroom environment.

- Provide pictures, symbols, or diagrams instead of words
- Read written information to student
- Provide written information on audiotape
- Use voice output on computer
- Use Reading Pen on single words
- Use line guide to identify or hi-light one line of text at a time

Writing: Depending on IQ and other cognitive abilities, people with MR/DD may not be able to write, spell, sign documents, or otherwise communicate through written word.

- Provide templates or forms to prompt information requested
- Allow verbal response instead of written response
- Allow typed response instead of written response
- Use voice input on computer
- Use spell-check on computer
- Use a scribe to write the employee's response
- Provide ample space on forms requiring written response

Memory: People with MR/DD might have memory deficits due to auditory processing problems, cognitive inability to retain information, or congenital hearing impairment.

- Use voice activated recorder to record verbal instructions
- Provide written information
- Provide checklists
- Prompt student with verbal cues (reminders)

Performing Calculations: Depending on IQ and other cognitive abilities, people with MR/DD may not be able to count, tally, measure, or track due to an inability to "do math" or perform calculations involving numbers.

- Allow use of calculator
- Large-display calculator
- Talking calculator
- Use counter or ticker
- Make pre-counted or pre-measured poster or jig
- Provide talking tape measure
- Use liquid level indicators
- Mark the measuring cup with a "fill to here" line

Organization: People with MR/DD may be disorganized due to an inability to retain information and/or an inability to transfer or apply skills in different learning environments.

- Minimize clutter
- Color-code items or resources
- Provide A-B-C chart
- Provide 1-2-3 chart
- Divide large tasks into multiple smaller tasks
- Avoid re-organization of workspace
- Label items or resources
- Use symbols instead of words
- Use print labels instead of hand-written labels

Time Management/Performing or Completing Tasks: People with MR/DD may have limitations in adaptive skills, such as self-initiating tasks.

- Provide verbal prompts (reminders)
- Provide written or symbolic reminders
- Use alarm watch or beeper
- Use jig for assembly to increase productivity
- Arrange materials in order of use
- Use task list with numbers or symbols
- Avoid isolated workstations
- Provide space for job coach
- Provide additional training or retraining as needed

Limitations in Motor Abilities

Using Computer: People with MR/DD might have difficulty using the computer due to motor problems, such as manual dexterity deficits, spasticity or rigidity, paralysis, or birth defects involving the fingers, hands, or arms.

- Use key guard
- Use alternative input devices
- speech recognition
- speech output
- trackball
- joystick
- touchscreen

Using Telephone: People with MR/DD might have difficulty using the telephone due to motor problems, such as manual dexterity deficits, spasticity or rigidity, paralysis, or birth defects involving the fingers, hands, or arms.

- Use large-button phone
- Use phone with universal symbols (fire, police, doctor)
- Use phone with speed-dial, clearly labeled
- Use receiver holder
- Use headset

Accessing Workspace: People with MR/DD may have difficulty accessing the workspace due to gross motor problems, such as muscle weakness or fatigue, an inability to stand for long periods of time, inability to walk long distances, inability to reach items, or an inability to carry/move heavy objects.

- Place anti-fatigue mats at workstation
- Use motorized scooter
- Use stools at workstations
- Move items within reach
- Provide frequent rest breaks

Handling or Grasping Objects: People with MR/DD might have difficulty handling or grasping objects due to fine motor problems, such as an inability to pinch or grip, inability to maintain a steady hand, muscle weakness, or joint pain.

- Use ergonomic tools, handle build-ups, or other tool adaptations
- Use orthopedic writing aids
- Use grip aids
- Use jig or brace

Limitations in Social Abilities

Emotional Support: People with MR/DD may need more or different emotional support in the workplace.

- Give positive feedback
- Use visual performance charts
- Provide tangible rewards
- Use co-workers as mentors
- Use Employee Assistance Program (EAP)
- Provide job coach

Interacting with Classmates: People with MR/DD may have limitations in adaptive skills, such as communicating with others, or exhibiting appropriate social skills.

- Provide sensitivity training (disability awareness) to all students and instructors
- Use role-play scenarios to demonstrate appropriate behavior
- Use training videos to demonstrate appropriate behavior
- Model appropriate social skills
- Where to eat at school
- When to eat at school
- When to hug other students
- What to do if you are mad
- Who to ask for help
- When to leave your classroom

Working Effectively with Supervisors: People with MR/DD may have limitations in adaptive skills, such as communicating with others and exhibiting appropriate social skills.

- Communicate one-to-one with student
- Deal with problems as they arise
- Keep job coach informed
- Train supervisors on communication etiquette
- Discuss disciplinary procedures
- Monitor effectiveness of accommodations currently provided

Epilepsy

Epilepsy is the tendency to have repeated seizures that originate in the brain. There are several types of possible seizures that range from losing consciousness and massive muscles jerks to blank stares. For example, generalized tonic clonic seizures, also called grand mal seizures, look like the individual suddenly cries or falls; the individual may lose consciousness. On the other hand, generalized absence seizures or petit mal seizures look like a blank stare, beginning and ending abruptly, lasting only a few seconds.

> The following terminology is taken in part or in whole from the Epilepsy Foundation at http://www.efa.org and the National Society for Epilepsy http://www.epilepsynse.org.uk/pages/index/home/.

Generalized tonic clonic seizures, also called grand mal seizures, look like a sudden cry or fall; the individual may lose consciousness. The individual will exhibit rigidity, followed by muscle jerks, shallow or temporarily suspended breathing, bluish skin, and possible loss of bladder control. This seizure may last a couple of minutes. The individual may experience some confusion and/or fatigue, followed by a return to full consciousness.

Generalized absence seizures or petit mal seizures look like a blank stare, beginning and ending abruptly, lasting only a few seconds. Other behaviors exhibited may include rapid blinking or some chewing movements of the mouth.

Complex partial seizures, also called psychomotor seizures or temporal lobe seizures, usually start with a blank stare, followed by chewing, then followed by random activity. The individual appears unaware of surroundings, may seem dazed, and may mumble. The individual may be unresponsive, and clumsy. The individual may pick at clothing or try to remove clothes, and may run or appear afraid. The individual may struggle or resist restraint. This seizure lasts a few minutes, but post-seizure confusion can last longer. The individual has no memory of what happened during the seizure.

Simple **partial seizures** begin with involuntary jerking movement in the arm, leg, or face. The jerking may spread to become a convulsive seizure. The individual remains awake and aware throughout this type of seizure. The individual may see or hear things that are not there, and may feel unexplained sadness, anger, fear, or joy. The individual may also experience nausea, identify odd smells, or have a "funny" feeling in the stomach.

Atonic seizures, also known as drop attacks, occur when an individual suddenly drops and falls. This type of seizure generally lasts between 10 seconds and one minute. The individual will regain consciousness and can eventually stand and walk again.

Myoclonic seizures are sudden, brief, but massive muscle jerks that may involve the whole body or parts of the body. This type of seizure activity may cause an individual to spill what he/she is holding, or fall from a chair.

Photosensitivity epilepsy seizures can occur when an individual views or is exposed to, flashing or flickering lights or moving geometric shapes or patterns. Some triggers include watching television, playing video games, using a computer, and viewing strobe lights. Other natural occurrences of flashing or flickering lights include sunlight coming through a line of trees, looking out of a window, or sunlight reflecting on water.

Accommodation ideas include:

Cognitive/Neurological Limitations:

Memory

- Provide written information to employee/student
- Post written information in a central location
- Use a wall calendar
- Use a daily or weekly task list
- Provide verbal prompts or reminders
- Use electronic organizer on computer or hand-held device
- Tell employee/student what activities were taking place at time of seizure (you were on the phone, in a meeting, working on project, etc.)

Disorientation/Disorganization

- Put employee's name plate on desk and/or door

- Provide building directory or employee directory by name, floor, unit, etc.
- Label items at desk (in-box, this week's videos, etc.)
- Use nametags (or other identification) for all employees
- Have auto-dial programmed on phone that connects to supervisor or other numbers

Time Management/Performing or Completing Tasks:
- Provide verbal prompts or reminders
- Provide written or symbolic reminders
- Use alarm watch or beeper
- Avoid isolated workstations
- Work in teams of two or more
- Use clear timeframes or deadlines
- Make daily/weekly task list

Office Equipment Use:
- Use large-buttons with universal symbols (fire, police, doctor) and clear labels
- Post directions and write down access codes, long distance account number, etc.
- Identify contact person to answer questions (example: secretary)
- Provide retraining
- Change schedule so employee is never first person in or last person out

Gross and Fine Motor Limitations:

Driving
- Pair employee with co-worker who can drive to meetings or events
- Reassign it to another employee, if driving is not an essential job function,
- Transfer employee to a position that does not require driving
- Adjust schedule so employee can access public transportation
- Form a carpool with co-workers (to/from work)

Balancing/Climbing
- Use rubber matting on floor area to cushion a fall
- Use stepping stands with handrails and rolling safety ladders
- Reassign this duty to another employee, if climbing is not an essential job function

- Provide head, eye, and harness protection
- Have arm rests on chairs to prevent falling out of chair

Managing Fatigue
- Use anti-fatigue matting on the floor
- Provide flexible start or ending times
- Adjust workweek
- Provide area to take nap during breaks or lunch

Ensuring Safety
- Designate a person to respond to emergencies and know when to call 9-1-1
- Keep aisles clear of clutter
- Provide a quick, unobstructed exit and post clearly marked directions for exits, fire doors, etc.
- Provide sensitivity training to employees

Seeing/Hearing/Communicating:
- Allow employee time to recuperate from seizure (leave employee alone)
- Identify hand signals or other universal signals that employee might use to communicate with another person
- Assist employee in discontinuing activity such as carrying, climbing, or driving
- Educate teachers and classmates on how to respond/react when student has a seizure
- Consult school's plan of action to determine how to respond/react when student has a seizure

Photosensitivity:
- Use flicker-free monitor (LCD display, flat screen), monitor glare guard, "computer glasses," and take frequent breaks from tasks involving computer
- Replace fluorescent lights with full spectrum lighting, use desk or floor lamps, and use natural lighting source (window) instead of electric light

Attendance/Absenteeism:
- Allow student to remain in the classroom after a seizure, if possible
- Count all absences due to seizure activity as one occurrence

Appropriate Behavior:

- Understand employee's limitations, and be prepared for behaviors such as: drooling or spitting, urination on self or on furniture, and inappropriate behavior such as trying to push or kiss someone

- Allow student to keep change of clothes at the school

- Provide private space for student to go when exhibiting such behavior

- Have student alert teacher/classmate when seizure is about to occur

- Provide sensitivity training/disability awareness to teachers/classmates

Seizures on the Job:

- Try to reduce or eliminate these situations so seizure activity does not occur. Some triggers include: sensitivity to fragrances or other chemicals in the workplace; stress; and disruption in daily activities (such as sleeping, taking medications, or eating)

Resources Specifically for People with Epilepsy

American Epilepsy Society
342 North Main Street
West Hartford, CT 06117
Direct: (860)586-7505
Fax: (860)586-7550
Info@aesnet.org
http://www.aesnet.org

Epilepsy Foundation of America
4351 Garden City Drive
Landover, MD 20785-2267
Toll Free: (800)332-1000
Direct: (301)459-3700
http://www.epilepsyfoundation.org

Fibromyalgia

Fibromyalgia Syndrome (FMS) is a complex, chronic condition that causes widespread pain and severe fatigue. The name "fibromyalgia" comes from "fibro" meaning fibrous tissues (such as tendons and ligaments), "my" meaning muscles, and "algia" meaning pain. FMS is a syndrome because it is a set of signs and symptoms that occur together, affecting muscles and their attachments to bones. It is not a true form of arthritis and does not cause deformities of the joints. It is, however, a form of soft tissue or muscular rheumatism. Deep muscular pain is the most common symptom of FMS. Usually starting at the neck and shoulders and spreading to other parts of the body over time, the pain varies according to the time of day, weather, sleep patterns, and stress level. People with FMS experience extreme tenderness when pressure is applied to the knees, thighs, hips, elbows, and neck. Approximately 90 percent of people with FMS experience fatigue and exhaustion. People with FMS are also likely to have sleep disorders; severe changes in mood and thinking, including depression and chronic anxiety; headaches; impaired memory; irritable bowel syndrome; multiple chemical sensitivity syndrome; restless legs; skin and temperature sensitivity; TMJ; and tingling similar to the symptoms of cumulative trauma disorders. Painful menstrual periods (dysmenorrhea), chest pain, morning stiffness, muscle twitching, irritable bladder, dry eyes and mouth, frequent changes in vision, dizziness, and impaired coordination can also occur.

Accommodation ideas include:

Concentration Issues:

* Provide written assignment instructions when possible
* Prioritize assignments and provide more structure

- Allow flexible study hours and allow a self-pace workload
- Allow periodic rest periods to reorient
- Provide memory aids, such as schedulers or organizers
- Minimize distractions
- Reduce classwork stress

Depression and Anxiety:
- Reduce distractions in study environment
- Provide to-do lists and written instructions
- Remind student of important assignment deadlines
- Allow time off for counseling
- Provide clear expectations of responsibilities and consequences
- Provide sensitivity training to classmates
- Allow breaks to use stress management techniques
- Develop strategies to deal with problems before they arise

Fatigue/Weakness:
- Reduce or eliminate physical exertion and stress
- Schedule periodic rest breaks away from the workstation
- Implement ergonomic workstation design

Fine Motor Impairment:
- Implement ergonomic workstation design
- Provide alternative computer access
- Provide arm supports
- Provide writing and grip aids
- Provide a page turner and a book holder
- Provide a note taker

Gross Motor Impairment:
- Modify the work-site to make it accessible
- Provide parking close to the classroom if possible
- Provide an accessible entrance
- Install automatic door openers

Migraine Headaches:

- Provide task lighting
- Eliminate fluorescent lighting
- Use computer monitor glare guards
- Reduce noise with sound absorbent baffles/partitions, environmental sound machines, and headsets
- Provide alternate work space to reduce visual and auditory distractions
- Implement a "fragrance-free" workplace policy
- Provide air purification devices
- Allow periodic rest breaks

Respiratory Difficulties:

- Provide adjustable ventilation
- Keep work environment free from dust, smoke, odor, and fumes
- Implement a "fragrance-free" workspace policy and a "smoke free" building policy
- Avoid temperature extremes
- Use fan/air-conditioner or heater at the workstation
- Redirect air conditioning and heating vents
- Provide adequate exhaust systems to remove fumes from office machines
- Allow individual to wear a respirator mask

Skin Irritations:

- Avoid infectious agents and chemicals
- Provide protective clothing

Temperature Sensitivity:

- Modify workspace temperature and maintain the ventilation system
- Modify dress code
- Use fan/air-conditioner or heater at the workstation and redirect vents
- Provide a classroom area with separate temperature control

Resources Specifically for People with Fibromyalgia Syndrome

American Fibromyalgia Syndrome Association, Inc.
6380 E. Tanque Verde, Suite D
Tucson, AZ 85715
Direct: (520)733-1570
http://www.afsafund.org

Fibromyalgia Network
PO Box 31750
Tucson, AZ 85751
Toll Free: (800)853-2929
http://www.fmnetnews.com/

National Fibromyalgia Partnership, Inc.
140 Zinn Way
Linden, VA 22642-5609
Toll Free: (866)725-4404
Fax: (866)666-2727
http://www.fmpartnership.org

Food Allergy

A food allergy occurs when a person's immune system decides that a particular food is harmful and so creates specific antibodies to it. The next time the individual is exposed to that food, the immune system releases massive amounts of chemicals to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system. Symptoms range from a tingling sensation in the mouth, swelling of the tongue and the throat, difficulty breathing, hives, vomiting, abdominal cramps, diarrhea, drop in blood pressure, and loss of consciousness to death. Symptoms typically appear within minutes to two hours after the person has eaten the food to which he or she is allergic.

Scientists estimate that approximately 11 million Americans suffer from true food allergies. Although a person can be allergic to any food, there are eight foods that account for 90% of all food allergy reactions. These are milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Currently, there are no medications that cure food allergies. Strict avoidance of the allergy-causing food is the only way to avoid a reaction.

Accommodation ideas include:

Implement a Policy Restricting Certain Foods from the Workplace/School

Note: While implementing policies restricting certain foods are not fail-safe, they may help to reduce exposure.

- Post signs at entrances to the building and in hallways, restrooms, waiting rooms, classrooms, and cafeterias alerting people that certain foods are restricted due to a severe food allergy.

- Send memos to employees/students mentioning that if a person has eaten the offending food to let others know so the proper precautions may be taken. Some allergic reactions have occurred when a person has contact with someone who has eaten an offending food.

- Send occasional memos encouraging compliance with the policy.

- Enforce the policy with consequences for violations.

Sample Policy Language

- Memo to staff: "You may have noticed the signs up on the front door stating that this is a peanut and tree nut-free workplace/school. Please cooperate with this request because there are several of us on staff/or in the classrooms who are sensitive to peanuts and tree nuts to varying degrees. Our bodies have a hard time when we come into contact with these foods, and they may even cause anaphylaxis or death. If you have consumed peanuts, tree nuts, or other foods containing these products, please let [the receptionist, the manager/principal, teacher, etc.] know so we can take appropriate precautions."

- Sign posted at business/school entrance: "This is a peanut and tree nut-free office. Please help us to accommodate our co-workers/students who are allergic to these foods. Thank you for not bringing these items into the workplace/school."

Modify Workplace/School Policies

- Allow employee/student to eat at his/her desk or in his/her office or allow extra time during lunch so the employee/student may go home to eat.

- Permit flexible scheduling so the employee/student with a food allergy may work/study when less people are present in the workplace/school to decrease possible exposure.

- Relocate employee's/student's workspace to reduce possibility of exposure to offending foods.

Create an Emergency Plan of Action

- Conduct a training session to educate employees/teachers/students on food allergies.

- Discuss the proper steps to take in an emergency situation, e.g., how to call 911.

- Discuss the signs and symptoms of an anaphylactic reaction, which may include a tingling sensation in the mouth, swelling of the tongue and the throat, difficulty breathing, hives, vomiting, abdominal cramps, diarrhea, dizziness, and loss of consciousness.

- Allow an employee/student to keep medication with him/her at all times

- Note that an employee/student with a food allergy may wear a medical alert necklace or bracelet.

- A sample plan of action is provided. Please use it as guidance on how to write a plan of action.

Resources for People with Food Allergy
(This is a non-inclusive list)

Celiac Disease and Gluten-free Diet Support Center
Celiac.com
P.O. Box 279
Gardena, CA 90248
Direct: (707)509-4528
Fax: (707)324-6060
info@celiac.com

http://www.celiac.com/home.html

Food Allergy Initiative
41 East 62nd Street, 4th Floor
New York, NY 10021
Direct: (212)572-8428
Fax: (212)572-8429
info@foodallergyinitiative.org
http://www.foodallergyinitiative.org/

Food Allergy and Anaphylaxis Network, The
11781 Lee Jackson Hwy.
Suite 160
Fairfax, VA 22033-3309
Toll Free: (800)929-4040
Fax: (703)691-2713
faan@foodallergy.org
http://www.foodallergy.org/

Kids With Food Allergies
73 Old Dublin Pike, Ste 10, #163
Doylestown, PA 18901
http://kidswithfoodallergies.org/index.php

Hearing Impairments

There are approximately 28 million Americans who are deaf or hard of hearing. According to the National Association of the Deaf, the term "deaf" refers to individuals who are not able to hear well enough to rely on hearing as a means for processing information. The term "hard of hearing" refers to individuals who have some hearing loss but are able to use hearing to communicate. The term "Deaf" is used as a cultural definition. "Deaf" references a community of individuals who are deaf and who share a common language, American Sign Language (ASL), and culture. The terms "deaf-mute" or "deaf and dumb" are not appropriate in the 21st century.

Accommodation ideas include:

Communicating One on One:

- Use written notes
- Use computer technology, i.e., e-mail and instant messaging
- Provide an assistive listening device (ALD)
- Provide an interpreter
- Provide basic sign language training
- Provide an augmentative communication device
- Provide a TTY

Communicating in Groups, Meetings, or Training:

- Provide an assistive listening device (ALD)
- Provide communication access real-time translation (CART)
- Provide computer-assisted note taking
- Address environmental factors, i.e., background noise, lighting, and positioning
- Provide an interpreter
- Provide standard note taking or other text information
- Allow tape recording of classroom interactions
- Provide speech recognition software

Responding to Emergency Alarms:

- Provide visual or tactile alerting device
- Implement a buddy system

Responding to Other Sounds in the Environment:

- Provide auditory signal software to replace computer sounds
- Allow the use of a hearing dog
- Provide a visual or tactile signal

Dealing with Extraneous Noises:

- Provide sound absorbing panels and carpeting
- Separate the workstation from noisy equipment

Accessing Information from Video Tape:

- Add captions to in-house videos
- Purchase captioned videos
- Provide an interpreter
- Provide a script of the video

Resources Specifically for People with Hearing Impairments

Alexander Graham Bell Association for the Deaf
3417 Volta Place NW
Washington DC 20007
Direct: (202)337-5221 V/TTY
http://www.agbell.org

American Academy of Audiology
8300 Greensboro Dr., Suite 750
McLean, Virginia 22102
Toll Free: (800)222-2336/Direct: 703-790-8466
http://www.audiology.com

American Speech Language Hearing Association (ASHA)
10801 Rockville Pike
Rockville, Maryland 20852
Toll Free: (800)638-8255 V/TTY
http://www.asha.org

National Association of the Deaf (NAD)
814 Thayer Avenue
Silver Spring, MD 20910-4500
Direct: (301)587-1788/(301)587-1789 TTY
http://www.nad.org/

National Institute on Deafness and Other Communication Disorders (NIDCD)
National Institutes of Health
31 Center Drive, MSC 2320
Bethesda, MD 20892-2320
Direct: (301)496-7243/(301)402-0252 TTY
http://www.nidcd.nih.gov

Little People

What Are Growth Disorders?

There are many causes of growth failure in children. Some are constitutional, some are genetic, and some are the result of hormonal disorders. In some cases the growth disorder may be recognized at birth; in others, a parent may be concerned that the child is the shortest in the class, still wearing the same size clothing as last year, and growing less than two inches a year. In these cases, a thorough medical evaluation by a pediatric endocrinologist (or other growth specialist) is necessary to determine if there is a growth disorder affecting the child's development.

As a child with dwarfism grows, other issues may also become apparent, including:

- delayed development of some motor skills, such as sitting up and walking
- a greater susceptibility to ear infections and hearing loss
- breathing problems caused by small chests
- weight problems
- curvature of the spine (scoliosis)
- bowed legs
- trouble with joint flexibility and early arthritis
- lower back pain or leg numbness
- crowding of teeth in the jaw

What is Achondroplasia?

The most common form of disproportionate growth retardation, achondroplasia is recognizable at birth and after the 24th week of gestation using ultrasound. Characteristics include:

- A moderately enlarged head
- Average height and size trunk
- Short limbs

- Underdevelopment of the mid-third of the face so that the nasal bridge is relatively low or flat
- Short fingers with excessive separation of the fingertips, especially the third and fourth fingers

Accommodation ideas include:

Accessing Work-Site: An elevator, a stair or wheelchair lift, or a stair assist may be effective. Also, automatic door openers, door knob grips, and door handles will help an individual grasp handles and open doors.

Reaching Work Areas: Rearranging areas so that heavy and frequently used materials are accessed at lower levels is usually very helpful. Using long handled tools may also be effective. Either raising individuals to meet comfortable working heights or lowering materials to comfortable working levels is preferable. Aerial lifts and rolling ladders are products that raise workers. Reachers and work platforms may also be useful in reaching work areas and grasping objects. For driving, pedal extenders are helpful.

Accessing a Computer Workstation: Individuals may benefit from miniature keyboards, articulating keyboard trays and other ergonomic equipment such as foot rests and ergonomic chairs.

Difficulty Standing and Walking: A wheelchair or scooter may accommodate these limitations when moving around a workplace/classroom. Adjustable industrial and office workstations also help individuals convert workstations/desks to lower heights.

Activities of Daily Living: Toileting aids, grab bars, grooming and dressing aids, and adaptive clothing assist individuals with performing activities of daily living.

Muscular Dystrophy

Muscular Dystrophy (MD) is the common name for several progressive hereditary diseases that cause muscles to weaken and degenerate. MD is caused by defects in genes for muscle proteins. Most of these proteins appear to play a role in supporting the structure of muscle fibers. The term "muscular dystrophy" refers to a group of genetic diseases marked by progressive weakness and degeneration of the skeletal, or voluntary, muscles, which control movement. Individuals with MD usually exhibit contractures, a condition often associated with shortened muscles around the joints. Due to the abnormal and sometimes painful positioning of the joints, most individuals with MD have extreme fatigue and weakness as well as speech, mobility, and fine motor limitations. In addition, scoliosis, or curvature of the spine, is common.

MD is generally inherited but in some cases no family history of the disease may exist. MD can affect people of all ages. While some forms first become apparent in infancy or childhood, others may not appear until middle age or later (Muscular Dystrophy Association, 2001).

Moderate exercise programs and physical therapy can minimize contractures, and certain exercises may prevent or delay scoliosis. Surgery can sometimes be helpful in relieving muscle shortening. In addition, respiratory care for some individuals with MD may also help. Medications known as corticosteroids have been found to slow muscle destruction in some forms of MD, but can have serious side effects. Researchers are testing new corticosteroids that may have fewer side effects. The prognosis of MD varies according to the type of MD and the progression of the disorder (Muscular Dystrophy Association, 2001).

Accommodation ideas include:

Activities of Daily Living:

- Allow use of a personal attendant at school
- Allow use of a service animal at school
- Make sure the facility is accessible
- Move workstation closer to the restroom
- Allow longer breaks

Fatigue/Weakness:

- Reduce or eliminate physical exertion and stress
- Schedule periodic rest breaks away from the workstation
- Implement ergonomic workstation design

Gross Motor Impairment:

- Provide a scooter or other mobility aid if walking cannot be reduced
- Provide parking close to the classroom and an accessible entrance
- Install automatic door openers
- Provide an accessible route of travel to other work areas used by the student
- Make sure materials and equipment are within reach range

Fine Motor Impairment:

- Provide alternative computer access
- Provide alternative telephone access
- Provide arm supports
- Provide writing and grip aids
- Provide a page turner and a book holder
- Provide a note taker

Speech Impairment:

- Provide speech amplification, speech enhancement, or other communication device
- Transfer to a position that does not require a lot of communication
- Allow periodic rest breaks

Stress:

- Develop strategies to deal with problems before they arise

- Provide sensitivity training to other students

- Provide information on counseling

Resources Specifically for People with Muscular Dystrophy

Muscular Dystrophy Association
3300 East Sunrise Drive
Tucson, AZ 85718
Toll Free: (800)572-1717
mda@mdausa.org
http://ww.mdausa.org

Muscular Dystrophy Family Foundation, Inc.
615 North Alabama Street
Suite 330
Indianapolis, IN 46204
Toll Free: (800)544-1213
http://www.mdff.org

Respiratory Impairments

There are a number of medical conditions that can affect the respiratory system, including allergies, asthma, chemical sensitivity, chronic obstructive pulmonary disease (COPD), lung cancer, pulmonary sarcoidosis, tuberculosis, emphysema, pulmonary hypertension, and AIDS related lung disease. Symptoms of respiratory impairment may include labored breathing, asthma attacks, fatigue, mobility problems, heightened sensitivity to ordinary substances and chemicals, and compromised immunity to infection.

Accommodation ideas include:

The following is a quick overview of some of the job/school accommodations that might be useful for employees/students with respiratory impairments.

Workplace/School Irritants:

- Maintain a clean and healthy work/study environment

- Provide air purification

- Condition, heat, dehumidify, or add moisture to the air as appropriate

- Provide additional rest breaks for the individual to step out for fresh air or take medication

- Create a smoke and fragrance-free work/classroom environment

- Consider an alternative work/study arrangement such as relocating to a more environmentally friendly room.

- Allow for alternative work/study arrangements when construction is taking place

- Use alternative pest management practices

- Allow alternative communication patterns to allow the individual to avoid situations that create physical discomfort

- Provide appropriate mask or respirator if needed

Construction, Remodeling, and Cleaning Activities:

- Notify the employee/principal ahead of time

- Provide alternative work/study arrangements

- Use non-toxic materials and supplies

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- Consider employee/student needs when planning remodeling, construction, and cleaning activities

Pest Management Practices:
- Discontinue the use of toxic pesticides
- Adopt an alternative pest management policy

Attendance Issues:
- Modify the attendance policy
- Provide leave as an accommodation
- Provide a modified or part-time work schedule
- Provide breaks

Gross Motor Impairment:
- Modify the work-site to make it accessible
- Modify the location where work is performed
- Explore relocation possibilities
- Review emergency evacuation procedures

Resources Specifically for People with Respiratory Impairments

American Cancer Society
1599 Clifton Rd, NE
Atlanta, GA 30329
Toll Free: (800)ACS-2345
http://www.cancer.org

American Lung Association
1740 Broadway
New York, NY 10019
Direct: (212)315-8700
http://www.lungusa.org

Asthma and Allergy Foundation of America
1233 20th Street, NW, Suite 402
Washington, DC 20036
Direct: (202)466-7643
Fax: (202)466-8940
http://www.aafa.org

Spina Bifida

Spina bifida is the most frequently occurring permanent birth defect. It affects approximately one out of every 1,000 newborns in the United States. It results from the failure of the spine to close properly during the first month of pregnancy. In severe cases, the spinal cord protrudes through the back and may be covered by skin or a thin membrane. From: http://www.sbaa.org/html/sbaa_facts.html.

There are three types of Spina Bifida:

Occulta

Often called hidden spina bifida, the spinal cord and the nerves are usually normal and there is no opening on the back. In this usually harmless form of spina bifida, there is a small defect or gap in a few of the small bones (vertebrae) that make up the spine.

There may be no motor or sensory impairments evident at birth, subtle, progressive neurologic deterioration often becomes evident in later childhood or adulthood.

In many instances, spina bifida occulta is so mild that there is no disturbance of spinal function at all. Occulta can be diagnosed at any age.

Meningocele

The protective coatings (meninges) come through the open part of the spine like a sac that is pushed out. Cerebrospinal fluid is in the sac and there is usually no nerve damage. Individuals may suffer minor disabilities. New problems can develop later in life.

Myelomeningocele

This occurs when the meninges (protective covering of the spinal cord) and spinal nerves come through the open part of the spine. This is the most serious type of spina bifida, which causes nerve damage and more severe disabilities.

Are there any learning disabilities associated with Spina Bifida?

Children with spina bifida/ hydrocephalus (fluid on the brain) often show unique learning strengths and weaknesses that affect their schoolwork. Parents and schools need to work together to help the young people meet their physical, social, emotional, and academic goals.

Most children with spina bifida/ hydrocephalus have I.Q. scores in the average range. This result, however, is somewhat deceptive because there is a broad range of scores on intelligence test among children with spina bifida/ hydrocephalus ranging from the gifted to the retarded. Also, children with spina bifida/ hydrocephalus often have major differences among their abilities due to orthopedic and neurological problems. Both parents and teachers, however, must recognize that learning problems are routinely a part of children with spina bifida/ hydrocephalus. These problems contribute to poor academic functioning and class work.

As we acknowledge that children with spina bifida do have learning problems, we are better able to recognize them and help. Often parents or teachers notice that something is interfering with a youngster's success at school but they are not sure what is wrong. In addition, it often helps to have a psychological evaluation, which would evaluate a child's intelligence, academic levels (e.g. visual perception, receptive and expressive language skills). Because of more basic learning problems, it is helpful to evaluate neuropsychological functions. These include attention, perceptual-motor processes, reasoning and problem solving, organization and sequencing skills, and memory. If the child is receiving special education services, the parent can request the Individual Education Program (IEP) be written so that these problems are reflected in the plan.

Accommodation ideas for individuals with spina bifida may include:

Bowel and/or Bladder Impairments: An individual with spina bifida may benefit from a flexible work schedule, frequent restroom breaks throughout the work day, moving the workstation closer to the restroom, or working at home.

Lifting: Accommodations for lifting limitations vary depending on the situation. Accommodations may include assistance with lifting, lifting devices, or a transfer to another job that does not require lifting.

Impairment of the Use of the Arms and Legs: A [wheelchair](#) or [scooter](#) may accommodate individuals who have difficulty moving around a workplace. Adjustable workstations for [office](#) and [industrial](#) settings also help individuals convert standing areas to sitting workstations or visa versa. For building access, accessible parking, [ramps](#), [stair](#) and [wheelchair](#) lifts, and [elevators](#) are helpful. Implementing appropriate [emergency evacuation procedures](#) may also be beneficial.

Manipulating Office Equipment: An individual with spina bifida may have difficulty manipulating blinds, accessing a telephone, and using a keyboard. [Remote-controlled blinds](#) are alternatives for manipulating blinds. Large button telephones and voice activated databases can assist with telephone access. [Speech recognition](#), [alternative input devices](#), [one-handed keyboards](#), [expanded keyboards](#), and [miniature keyboards](#) are alternatives to using a standard keyboard. [Page turners](#) and [book holders](#) can help with manipulating paperwork and binders, and [writing](#) and gripping aids eliminate the need for extended periods of grasping. Certain filing modifications may also useful.

Low Vision: An individual with a spina bifida may have low vision. For information on accommodations for individuals with vision impairments, visit SOAR's Accommodations for [Vision Impairments](#) or JAN's general publication on [Work-site Accommodation Ideas for Individuals with Vision Impairments.](#)

Use of a Wheelchair: Some individuals with spina bifida use wheelchairs and the limitations and accommodations vary.

Vision Impairments

There are an estimated 10 million blind and visually impaired people in the United States, 1.3 million of which are considered legally blind (American Foundation for the Blind, 2006a). Of this number, approximately 109,000 people use long canes for assistance, while about 7,000 individuals use service dogs (American Foundation for the Blind, 2006a).

Vision impairments result from conditions that range from the presence of some usable vision, low vision, to the absence of any vision, total blindness. Low vision is a term that describes a person with a vision impairment that cannot be improved by correction but has some usable vision remaining. Legal blindness is defined as 20/200 or less in the better eye with the best possible correction. Errors of refraction, diseases of the eye, and other vision-related conditions are usually the cause of vision loss. Each of these categories includes more specific disorders, which are described below (American Foundation for the Blind, 2006b).

Common Errors of Refraction

Myopia (Nearsightedness): Close objects look clear while distant objects appear blurred.

Hyperopia (Farsightedness): The ability to see objects clearly at a distance while close objects appear blurry.

Astigmatism: Due to the irregular curvature of the cornea, vision is blurry for both near and far objects.

Presbyopia: The eye lens becomes less elastic (associated with aging) and produces blurred vision when focusing on near objects.

Common Diseases of the Eye

Cataracts: Clouding of the eye's lens that causes loss of vision.

Glaucoma: Pressure inside the eye is elevated and can cause damage to the optic nerve, which results in damage to peripheral vision.

Macular Degeneration: There is a disturbance of blood vessels in the eye resulting in progressive loss of central vision.

Retinitis Pigmentosa: There is a degeneration of pigment in the eye that is needed to absorb light and create visual images, leading to "tunnel vision" and night blindness.

Retinopathy (due to Diabetes): Retinopathy typically affects the blood circulation of the retina, which causes blotchy vision.

Other Vision Related Conditions

Night Blindness: Night blindness results from pigmentary degeneration of the retina, which leads to difficulty seeing in low light.

Color Vision Deficiency: A color vision deficiency occurs when cone cells of the retina, which provide daylight and color vision, are affected and there is difficulty distinguishing among colors. Typically this only involves certain hues, for example a red-green deficiency; total color blindness (achromatic vision) is rare.

Lack of Depth Perception: A lack of depth perception is often caused by the loss of sight in one eye, resulting in difficulty with foreground/background discrimination.

Floaters: Floaters are small specks or clouds moving in the field of vision.

Accommodation ideas include:

Reading Information from Printed Materials:
For those who benefit from magnification & other modifications

- Provide a hand/stand magnifier

- Enlarge information on photo copier

- Provide information in large print

- Reduce glare on paper copy

- Use color acetate sheets

- Improve lighting or use task lighting

- Provide a closed circuit television system (CCTV)

- Provide alternative optical wear, i.e. clip-on monocular or loupes; prism spectacles; binocular systems, or a hand held monocular

- Allow frequent breaks to rest eyes when fatigue is a factor

For those who <u>do not benefit</u> from magnification

- Provide an optical character recognition system (OCR)
- Use tactile graphics
- Provide a qualified reader

Reading Information from a Computer Screen:
For those who <u>benefit</u> from magnification and other modifications

- Increase font size or change Accessibility Options in Windows Accessories control panel
- Add locator dots and/or large print labels to computer keyboard
- Provide an external computer screen magnifier
- Provide screen magnification software
- Use an anti-glare or anti-radiation computer screen guard
- Provide special computer glasses to reduce glare
- Allow frequent breaks to rest eyes when fatigue is a factor

For those who <u>do not benefit</u> from magnification

- Provide screen reading software
- Provide a computer Braille display
- Provide a qualified reader

Taking Notes, Completing Forms, Writing, Reporting, or Documenting:
For those who benefit from magnification & those who do not

- Use a cassette recorder or digital recorder
- Use a Braille stylus/Braille plate
- Use a Braille Printer or Embosser
- Purchase special pens, e.g. a bold felt tip or lighted pen
- Purchase special paper, e.g. with tactile lines, bold print, or less glare
- Use a form guide
- Use electronic Braille or talking note takers and organizers
- Add voice output to the computer
- Provide closed circuit television system
- Provide a scribe

Improving Mobility:
For those who benefit from magnification & for those who do not

- Allow the use of a service animal for assistance with mobility

- Provide mobility & orientation training
- Use a mobility aid (cane, electronic aid, other)
- Install detectable warning service
- Install colored edges on stairs for improved color contrast
- Improve lighting in area
- Provide a verbal landmark system

Working with Money:
For those who benefit from magnification & for those who do not

- Use a talking money identifier
- Provide training on how to fold money for identification purposes
- Provide a talking cash register, talking credit card transaction machine, talking coin sorter/counter, and a talking calculator
- Use a hand/stand/optical magnifier to enlarge print
- Improve lighting in the area where money is to be identified

Sensitivity to Light:

- Lower wattage of overhead lights
- Provide task or alternative lighting
- Use full spectrum lighting and/or filters
- Install flicker free lighting
- Provide optical wear (Protective eye glasses)
- Move work station to another area
- Place blinds on windows

Distinguishing Between Colors:

- Label items
- Use X-Chrome lens
- Provide prescription glasses for color discrimination
- Provide a color analyzer
- Use colored acetate sheets
- Provide an assistant to identify colors – a volunteer or co-worker

Driving:

- Provide a driver
- Use public transportation

- Ride with a coworker

- Allow modified or flexible work schedule

- Change shift to daylight hours

- Reassign to another position

Accessing the Internet:
For those who benefit from magnification & for those who do not

- The hardware/software options previously mentioned

- Use text based web browser

- Redesign employee related Web sites or Intranet (i.e., employee handbook online or online policies and procedures)

- Provide reader to describe pictures and materials Print out Web page information and enlarge text on a photo copier, Closed Circuit Television, or use Optical Character Recognition Systems

Resources Specifically for People with Vision Impairments

American Council of the Blind (ACB)
1155 15th Street NW, Suite 720
Washington, DC 20005
Direct: (202)467-5081
http://www.acb.org
ACB's Job Connection
http://www.acb.org/Jobs/index.html

American Foundation for the Blind (AFB)
11 Penn Plaza, Suite 300
New York, NY 10001
Direct: (212)502-7600
Toll Free: (800)AFB-LINE (232-5463)
AFB's Careers & Technology Information Bank
Direct: (212)502-7642
http://www.afb.org

National Federation of the Blind (NFB)
1800 Johnson Street
Baltimore, MD 21230
Direct: (410)659-9314
http://www.nfb.org
NFB's Job Opportunities for the Blind
Toll Free: (800)638-7518
http://www.nfb.org/states/newjob.htm

National Braille Press
88 St. Stephen Street
Boston, MA 02115

Toll Free: (800)548-7323/Direct: (617)266-6160
http://www.nbp.org

Recordings for the Blind & Dyslexic
20 Roszel Road
Princeton, NJ 08540
Toll Free: (800)803-7201/Direct: (609)452-0606
http://www.rfbd.org

Rehabilitation Research and Training Center on Blindness and Low Vision
PO Drawer 6189 – Mississippi State University
Mississippi State, MS 39762
Direct: (662)325-2001
http://www.blind.msstate.edu/blind.html

Wheelchair Users

People use wheelchairs for a variety of reasons, the most common reason being paralysis from spinal cord injuries. Other conditions that may cause people to use wheelchairs include muscular dystrophy, multiple sclerosis, polio, cerebral palsy, and arthritis. People who use wheelchairs have a wide variety of limitations.

Accommodation ideas include:

Activities of Daily Living:

- Allow the person to have a personal attendant at school to assist with toileting, grooming, and eating
- Allow periodic rest breaks for repositioning, toileting, or grooming needs
- Provide flexible scheduling
- Allow the person to bring a service animal into the classroom

Workstation:

- Height adjustable desk or table or a stand-up wheelchair so that a person who uses a wheelchair can work comfortably
- Office supplies and frequently used materials on most accessible shelves or drawers for a person who cannot reach upper and lower shelves and drawers
- Page turners and book holders for a person who cannot manipulate paper
- Writing aids for a person who cannot grip a writing tool
- Alternative access for computers such as speech recognition, Morse code entry, trackballs, keyguards, alternative keyboards, and/or mouthsticks, depending on the person's limitations and preferences

Resources Specifically for People Who Use Wheelchairs

ALS Association
27001 Agoura Road, Suite 150
Calabasas Hills, CA 91301-5104
Toll Free: (800)782-4747

Phone: (818)880-9007
http://www.alsa.org

Christopher Reeve Paralysis Foundation
500 Morris Avenue
Springfield, NJ 07081
Toll Free: (800)225-0292
http://www.apacure.com

National Center on Accessibility
2805 East 10th Street - Suite 190
Bloomington, IN 47408-2698
Direct: (812)856-4422/TTY: (812)856-4421
http://www.indiana.edu/~nca

National Spinal Cord Injury Association
6701 Democracy Boulevard
Suite 300-9
Bethesda, MD 20817
Direct: (301)588-6959
http://www.spinalcord.org

Spinal Cord Injury Network International
3911 Princeton Drive
Santa Rosa, CA 95405-7013
Direct: (707)577-8796

Burns

Burns

Cancer

Cancer

Cerebral Palsy

Cognitive Impairment

Cognitive Impairment

Depression

Depression

Developmental Disability

Developmental Disability

Epilepsy

Epilepsy

Fibromyalgia

Fibromyalgia

Food Allergies

Hearing Impairment

Hearing Impairment

Little People

Little People

Muscular
Dystrophy

Muscular
Dystrophy

Respiratory Impairment

Respiratory Impairment

Spina Bifida

Spina Bifida

Vision Impairment

Vision Impairment

Wheelchair User

Wheelchair User

Volunteer Position Description Worksheet and Sample

Consider using or adapting this worksheet to develop position descriptions for the volunteer positions in your nonprofit.

Sections of the   *Explanation and Example*
Job Description

Purpose: This section describes the specific purpose of the position in no more than two sentences. If possible, the purpose should be stated in relation to the nonprofit's mission and goals.

                     Example: The position of *After-School Tutor* support [Name of Nonprofit]'s educational program for high school students. The tutoring program is designed to help high school students achieve academic success and graduate on time.

Job Title: What title has been assigned to the position?

                     Example: After-School Tutor

Location: Where will the volunteer work?

                     Example: The After-School Tutoring Program is conducted at the County Library on Main Street

Key   List the position's major duties.
Responsibilities:

                     Example: The After-School Tutor:(1) works with an assigned high school student to provide assistance in one or more academic subjects;

                                    (2) assists a student develop a better understanding of in-class and homework assignments;

                                    (3) coaches the student in identifying resources to complete assignments;

                                    (4) reviews completed assignments and suggests ways to improve or supplement assignments; and

                                    (5) provides positive feedback on the student's progress and encourages the student's continued focus on academic excellence.

Reports to: Indicate the title of the person to whom the volunteer reports.

                     Example: Director of Tutors

Length of   Note the time period in which the volunteer will serve, and include
Appointment: restrictions, if applicable.

	Example:	The After-School Tutor will serve for the Fall 2001 and Spring 2002 semesters. The tutor is eligible to continue in the 2002/2003 school year with approval from the director of tutors.
Time Commitment:		Indicate the approximate number of days or hours required per week.
	Example:	The After-School Tutor position requires a minimum commitment of two hours, and no more than four hours per week, for each week that school is in session. In addition, each volunteer must attend a two-hour orientation during the week before the semester begins. The program is held from 3-5 p.m. each Wednesday.
Qualifications:		List education, experience, knowledge, and skills required. If a criminal history record check or other background check will be conducted, it should be indicated here.
	Example:	Eligible candidates for the After-School Tutor position include adults over 21 years of age who have earned a Bachelor's Degree and who pass a criminal history record check.
Support Provided:		List resources that will be available to the volunteer.
	Example:	Training for this position will be provided at the four-hour orientation session. In addition, the director of volunteers is available on an ongoing basis to answer questions and provide other assistance as needed.

Other categories that an organization would include, if applicable, in a volunteer job description are:

- *appointed by*
- *development opportunities*
- *relationships*
- *age requirement*
- *benefits provided (i.e., lunch, T-shirt or opportunity to assist a young person achieve academic success).*

N E L S O N   R E G I O N   H O S P I C E   T R U S T
46 Manuka St, Nelson
Volunteer Job Description

TITLE: FAMILY SUPPORT VOLUNTEER

PRIMARY OBJECTIVES: To work with hospice nurses in providing empathetic, informed, emotional and practical support to patients and their extended families.

RESPONSIBLE TO: Manager, Volunteer Services (MVS)

FUNCTIONAL RELATIONSHIPS WITH: Hospice CEO
Administration Coordinator
Hospice Nurses
Other client care volunteers

TIME COMMITMENT: Client dependent. Up to daily visits depending upon family and patient needs. Average time while assigned to a patient/family – one to two weekly visits for up to several months. Maximum time expected for a prolonged period: 6 hours per week.

KNOWLEDGE/SKILLS: Empathy, sensitivity, patience, good listening and communication skills and a non-judgmental attitude. Knowledge of support services in the Nelson region and how they relate to Hospice can be useful.

To have the ability to work harmoniously with people from a wide range of social, cultural and religious backgrounds and also be able to recognize one's own physical and emotional limits.

To function as a equal member of the Hospice team and to maintain strict confidentiality at all times. Volunteers must have a commitment to the aims and philosophy of Hospice.

PERSONAL CRITERIA: Good health and a tidy appearance. Own transport usually preferred.

KEY TASKS

- **Patient/family Support**

  Following referral, to maintain direct contact with the patient/family according to their request.

  To offer practical and/or emotional support within the volunteer's own resources and the needs of patient/family.

To call on further volunteer support (through the MVS) should the patient/family needs become too great.

To gradually reduce contact with the family following the death of the patient.

- **Education/Training**

    Attend all sessions of the initial training programme.

    Attend at least one appropriate education/supervision session each year offered by Hospice. The Family Support volunteer must recognize the need to be well informed, maintain up to date skills and the importance of regular contact with other Family Support volunteers.

- **Team Liaison**
    Maintain regular and frequent contact with the primary nurse during involvement with any patient and/or attend team meetings if in a rural area. Communication in rural areas may be with District/Hospice Nurse.

    Keep regular contact with the Manager Volunteer Services.

- **Records/Meetings**
    Keep enough brief notes following patient visits to enable report-back to nursing staff if necessary.

LIMITATIONS ON AUTHORITY: All patient contacts must be made in strict consultation with, and with the approval of the appropriately involved members of the helping professionals.

Family Support Volunteer must never give medical advice or make comparisons with his/her own experience of terminal care.

Information on patients is always kept confidential and one patient must never be discussed with another.

Nothing is to be sold or sponsored.

EXPECTED END RESULT: Patients and their families feel physically and emotionally supported during the patient's illness; particularly when the patient chooses to remain at home.

RESOURCES: - Training and ongoing Education
                 - Guidance, supervision and support from Hospice Staff
                  - Library Resources
                 - Reimbursement of agreed petrol expenses

OSH: The following are the main OSH policy areas which are relevant to possible risks associated with this job.

Incident/Hazard reporting
Security, assault, home safety and hazard identification
Manual handling (lifting)
Controlled drug security / medication administration
Infection, body fluid exposure
Fire/Evacuation procedure Hospice Admin Building/IPU

Dispensing drugs: Volunteers must **under no circumstances** dispense drugs i.e. pouring medication or tipping pills from a bottle. Volunteers may however give medication which have been dispensed by a nurse or family member i.e. pills left on a saucer or liquid already poured out to be given at a certain time.

Policies and procedures pertaining to the above are kept in the NRHT OSH folders. Copies are held at the Hospice Clinical office and IPU.

Date Initiated: July 2004	Name: Mary Garner	Page 2 of 3
Review Date: January 2008	Position: Co-ordinator Volunteer Support Services.	MG:js
Reviewed January 2007	Signed:	

[This is only a sample. Projects are encouraged to customize as appropriate]

Foster Grandparent Position Description
(Select appropriate elements depending on specifics of a given assignment)

Purpose:
- To connect the generations.
- To provide volunteer service that addresses community needs.
- To create meaningful relationships with children who have special or exceptional needs by providing love, encouragement and companionship on a one-to-one basis.
- To provide extra care and attention to children who have special or exceptional needs in order to improve their physical, mental, emotional and social development so they may grow to reach their maximum potential and become as independent as possible.
- To serve children in school, day care, Head Start and institutional settings.

Qualifications:
- Age 60 or older.
- County resident.
- To receive a stipend, annual income falls within federally established guidelines.
- Willing and able to volunteer with children an average of 20 hours per week.
- Health, as determined by physical examination, must be adequate to meet the demands of the position without detriment to self or children served.

Expectations:
- Sincerely interested in special and exceptional needs children.
- Provides supportive relationships and friendship.
- Provide love and encouragement.
- Serves as non-threatening adult.
- Offers guidance.
- A good listener.
- Sensitive to children's feelings and needs.
- Fosters independence.
- Provides stability, emotional support and companionship on one-to-one basis.
- Maintains confidentiality.
- Able to set limits with children.
- Nonjudgmental with regard to race, income, special needs, disabilities, religion, family status and background.
- Patient, kind, and understanding.
- Exhibits a warm and caring attitude.
- Tactful and sensitive to feeling and reactions of others.
- Emotionally mature.
- Demonstrates good judgement.
- Shows initiative.
- Able to maintain written records and report to site promptly and on a regular basis.
- Follows directions and accepts supervision by site and program staff.

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- Cooperates and communicates with site and program staff.
- Abides by site and program policies, procedures and regulations.
- Attends required orientation and in-service training.
- Dresses in neat and clean manner.

Roles and Sample Activities:
- Listening. Talking. Singing. Walking. Reading. Feeding.
- Mentoring.
- Tutoring.
- Modeling appropriate behaviors and skills.
- Encouraging socialization.
- Assisting with self-help skills (washing hands, eating).
- Participating in group activities.
- Playing games.
- Telling stories.
- Holding/hugging child.
- Assisting with reading and other academic subjects.
- Teaching manners and social skills.
- Assisting with learning activities and developmental therapy.
- Reinforcing lessons taught by teachers.
- Helping child to follow directions and accomplish work.
- Acting as a calming agent.
- Helping child stay focused on task.
- Clarifying/translating group instructions into individual instructions.
- Encouraging and praising child.
- Assisting in development of motor and learning skills.
- Helping to prevent/delay/lessen the effects of institutionalization.
- Providing stimulation and learning experiences.
- Providing intergenerational exposure.
- Working on craft /art projects.
- Mobility assistance.
- Accompanying children on field trips.

Restrictions:
- Does not serve as: paid staff, custodian, babysitter, supervisor, substitute teacher or disciplinarian.
- Refrains from using corporal punishment, or physically or verbally abusing children.
- Refrains from giving gifts, food, or money to children.
- Not to be left in charge or without supervision by site staff.
- Refrains from bringing guests to the volunteer site unless written permission is obtained from the site and provided to the FGP office in advance of the visit.
- Refrains from taking children from the site unless accompanying them on field trips supervised by site staff.
- Refrains from correcting papers, making photocopies, preparing meals and cleaning up unless assigned children participate in these activities.

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- Refrains from discussing personal religious beliefs, preaching, singing religious songs or praying out loud.
- Refrains from participating in religious education classes, prayer services, mass or religious retreats.

Rewards:
- Hugs and kisses.
- Unconditional love.
- Socialization with others.
- Feeling needed/useful.
- Gaining a sense of accomplishment.
- Heightened self-esteem.
- Making an impact in a child's life.
- Solving community problems.

Benefits:
- Hourly stipend.*
- Free daily meal at site.
- Travel reimbursement.
- Insurance.
- Free physical examinations (pre-enrollment and annual).
- Paid time off.
- Socialization.
- Recognition.
- Training (orientation and monthly in-service training).

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*The stipend is non-taxable, non-reportable income that does not affect eligibility for other programs and services.

AMERICORPS TUTOR/LEARNING SPECIALIST

Tutoring and Academic Assistance Programs (TAAP)
Student Support Services-TRIO

University of Idaho
Lewis Clark Service Corps

2010-2011

Tutoring and Academic Assistance Programs (TAAP) and Student Support Services (SSS-TRIO) at the University of Idaho is seeking an 11 month/full-time (1720 hours) AmeriCorps member to provide individualized, small group and drop-in tutoring to at-risk college students, primarily in the area of science and math. In addition, the AmeriCorps member will be involved in several community service activities and will present academic success workshops and educational outreach programs during the academic year. Supplemental instruction and mentoring opportunities are also available.

A Bachelor's degree in science or math is required, or a Bachelor's of Secondary Education with an emphasis in either science or math. Additional job requirements and preferred skills are listed at the end of this document.

JOB DUTIES:

Tutor/Supplemental Instruction Responsibilities; 70% time: (130 students total: 50 individual; 35 small groups/drop-in; 25 supplemental instruction; 20 summer tutoring)

1. The AmeriCorps member will tutor at-risk college students individually and/or facilitate drop-in or small group tutoring in introductory science and math (college algebra), textbook reading, study skills, basic computer skills on a regular basis (1-3 sessions per week per student).

2. The AmeriCorps member will serve as a supplemental instruction leader for one introductory science course for one or both semesters.

3. During the summer months, the AmeriCorps member may be a teaching/tutoring assistant or a supplemental instructor leader in science or math course.

4. Prepare for each tutoring/supplemental instruction session.

5. Lead students to greater understanding of subject material by asking questions, clarifying concepts and modeling active learning strategies/techniques.

6. Provide patient, compassionate, encouraging and enthusiastic assistance.

7. Complete university tutor training curriculum (10 hours). Content covered: Role and Goals of Tutoring, Learning Styles, Setting Ground Rules/Expectations, Campus Resources, Tutor Cycle,

Questioning, Tutoring Students with Disabilities/Non-Traditional Students, Evaluating a Session and Study Tips (particularly test preparation and test-taking skills).
8. Keep accurate notes on each tutor session. Record information in SSS database.

This information will include:
- Brief description of content covered in tutorial session
- Grades student receives on quizzes, tests, papers, presentations, etc.
- Student's attitude toward class
- Student's preparation for tutoring sessions
- Student's punctuality
- Study skills used or demonstrated in the tutor session
- Student's level of understanding
- Tutoring /learning strategies used which are successful
- Concerns about the student's progress/difficulties encountered during tutoring

9. Maintain confidentiality at all times.

Academic Mentor Responsibilities; 12.5% time: (1-2 students on a regular basis; 4-6 students on a short-term basis)

1. Assist students 1-1 in organizing their semester through the effective use of time management skills, note book organization skills, study techniques and test preparation.

2. Guide students to fully understand course and assignment expectations and requirements.

3. Instruct students in use and understanding of University of Idaho resources (library, services, etc.).

4. Assist/instruct students in basic computer skills.

5. Model and rehearse active learning techniques/information processing with students.

6. Be patient, encouraging, compassionate and enthusiastic.

7. Work closely with TAAP/SSS staff to understand student needs, arrange additional services and support as needed.

8. Maintain confidentiality at all times.

Programming Duties; 10% time: (10-100 students per event)

1. Prepare for and present *College Success Series* **workshops/seminars** each semester in the following areas: general learning strategies, specific learning strategies for the study of math and science, time management, anti-procrastination, etc.

2. Prepare for and conduct **outreach presentations** on college success information to students in residence halls, Greek life, and general education and college transition classes, to include *College Success Strategies*.

3. Assist with the *College Success Strategies* **courses** as appropriate and needed.

4. Participate in UI, Moscow or regional community service-learning projects as determined by LC Service Corps.

5. Encourage volunteerism among TAAP students and staff.

Administrative Duties; 7.5% time:

1. Keep journal of experiences as AmeriCorps member and reflect on personal development, progress toward personal learning goals, integration into the TAAP team and the University community.

2. Meet with AmeriCorps site supervisors once-twice a week to discuss caseload, progress and review weekly plan.

3. Confer with other TAAP staff on an on-going basis re: student progress.

4. Attend weekly and/or monthly TAAP/SSS staff meetings.

5. Complete time sheets, logs, evaluations and quarterly reports as required by LC Service Corps and/or TAAP/SSS on a weekly basis or as expected; to submit this information by dates/times required.

6. Meet duties as listed in job description and to meet all TAAP/LC Service Corps objectives/requirements.

7. Conduct an evaluation of services as indicated in the site application.

8. Participate in a performance evaluation process once each semester.

9. Participate in specific job training (reading several TAAP/SSS resources on study skills, learning theory and learning disabilities, participating in TAAP tutor-training and supplemental instruction training, shadowing *College Success Strategies* courses and *College Success Series* workshops to learn appropriate study strategies and by training 1:1 with TAAP Learning Specialist/Tutor Coordinator and SSS Director), participate in TAAP/SSS retreats, LC Service Corps training and on-site/off campus TAAP/SSS training opportunities (as budget permits) in areas such as: academic advising, issues surrounding first generation and generational poverty, emergency evacuation procedures, first aid, teambuilding activities, diversity training, compassionate communication, organizational communication skills, computer training, and academic coaching.

MINIMUM JOB REQUIREMENTS:

1. Baccalaureate degree in science or math or a Bachelor's degree in Secondary Education with an emphasis in science or math.

2. Strong interpersonal/"helping" skills.

3. Strong reading and writing skills.

4. Strong time management, organization, and study skills.

5. Computer knowledge (Microsoft Word, Power Point, Excel).

6. Initiative and eagerness to learn, to develop programs and to try new ideas.

PREFERRED SKILLS/EXPERIENCE:

1. Bachelor's degree in chemistry or other physical science area.

2. Experience teaching and/or tutoring.

3. Experience working with people with disabilities.

**Kentucky Commission on Community Volunteerism and Service (KCCVS)
–**KCCVS administers Kentucky's AmeriCorps national service programs. Kentucky's disabilities

coordinator works to recruit AmeriCorps members with disabilities and provide assistance and referrals to services and supports members may need to perform their service assignment duties. The KCCVS disabilities coordinator also provides advocacy and outreach to address access and accommodation policies and issues as a means to further expand service opportunities. Kentucky is working hard to find ways for people with disabilities, who otherwise may not have the opportunity, to share in the spirit of volunteerism and service. Check out their Disabilities Inclusion information at
http://chfs.ky.gov/dfrcvs/kccvs/disabilities.htm

Kentucky Department for Aging and Independent Living (DAIL) – DAIL oversees the administration of statewide programs and services on behalf of Kentucky's elders and individuals with disabilities. In partnership with Kentucky's 15 Area Agencies on Aging (AAA) and Independent Living, community mental health centers, Centers for Independent Living (CIL) and other community partners, DAIL provides leadership and addresses issues and circumstances that stand in the way of elders and individuals with disabilities achieving the best possible quality of life:
http://chfs.ky.gov/dail/default.htm

Barren River Area
Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren:
http://chfs.ky.gov/dail/bradd.htm

Big Sandy Area
Floyd, Johnson, Magoffin, Martin, Pike: **http://chfs.ky.gov/dail/bsadd.htm**

Bluegrass Area
Anderson, Boyle, Bourbon, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford:
http://chfs.ky.gov/dail/bgadd.htm

Buffalo Trace Area
Bracken, Fleming, Lewis, Mason, Robertson: **http://chfs.ky.gov/dail/btadd.htm**

Cumberland Valley Area
Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley:
http://chfs.ky.gov/dail/cvadd.htm

FIVCO Area
Boyd, Carter, Greenup, Elliott, Lawrence: **http://chfs.ky.gov/dail/fivcoadd.htm**

Gateway Area
Bath, Menifee, Montgomery, Morgan, Rowan:
http://chfs.ky.gov/dail/gateway.htm

Green River Area
Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster:
http://chfs.ky.gov/dail/gradd.htm

KIPDA Area
Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
http://chfs.ky.gov/dail/kipda.htm

Kentucky River Area
Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe:
http://chfs.ky.gov/dail/kradd.htm

Lake Cumberland Area
Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne:
http://chfs.ky.gov/dail/lcadd.htm

Lincoln Trail Area
Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington:
http://chfs.ky.gov/dail/ltadd.htm

Northern Kentucky Area
Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton:
http://chfs.ky.gov/dail/nkadd.htm

Pennyrile Area
Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg:
http://chfs.ky.gov/dail/peadd.htm

Purchase Area
Ballard, Calloway, Carlisle, Fulton, Hickman, Graves, Marshall, McCracken:
http://chfs.ky.gov/dail/padd.htm

Americans with Disabilities Act (ADA)

ADA Home Page – includes links to several Federal Agencies with ADA responsibilities, a guide to other disability rights laws, questions about child care centers and service animals: **www.ada.gov/**

ADA Document Portal – a searchable website about the ADA and Information Technology Technical Assistance Centers from the U.S. Department of Education, National Institute on Disability and Rehabilitation Research (NIDRR):
http://adaportal.org/Search/BasicSearch.html

Southeast ADA Center – The Southeast ADA Center (formerly known as the Southeast DBTAC) in Atlanta, GA is your leader for information, training and guidance on the Americans with Disabilities Act (ADA) and disability access tailored to the needs of business, government, and individuals at local, state, and regional levels. We also conduct research to reduce and eliminate barriers to employment and economic self-sufficiency and to increase the civic and social participation of Americans with disabilities. Their service

area includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee.
www.adasoutheast.org/

ADA Standards Homepage – ADA standards govern the construction and alteration of places of public accommodation, commercial facilities, and state and local government facilities. The Department of Justice (DOJ) maintains ADA standards that apply to all ADA facilities except transportation facilities, which are subject to similar standards issued by the Department of Transportation (DOT): **www.access-board.gov/ada**

U.S. Access Board – The Access Board is an independent Federal agency devoted to accessibility for people with disabilities. The Board develops and maintains design criteria for the built environment, transit vehicles, telecommunications equipment, and for electronic and information technology: **www.access-board.gov/about.htm**

U.S. Department of Transportation – The Federal Transit Administration works to ensure nondiscriminatory transportation in support of our mission to enhance the social and economic quality of life for all Americans. The FTA Office of Civil Rights is responsible for civil rights compliance and monitoring to ensure nondiscriminatory provision of transit services: **www.fta.dot.gov/civilrights/12325.html**

Commission for Children with Special Health Care Needs – enhances the quality of life for Kentucky's children with special health care needs through direct service, leadership, education and collaboration: **www.chfs.ky.gov/ccshcn/default.htm**

Interdisciplinary Human Development Institute – a University Center for Excellence in Developmental Disabilities Education, Research and Service, the institute focuses on improving lifelong opportunities and services for individuals with disabilities, their families and the community. The site offers several manuals in PDF format as well as many local, state and national information links: **www.hdi.uky.edu**

Kentucky Commission on the Deaf and Hard of Hearing – an advocate for deaf and hard of hearing persons on legislative issues as well as a consultant to the governor, General Assembly and various state and local governmental agencies: **www.kcdhh.ky.gov**

Department for Behavioral Health, Developmental and Intellectual Disabilities – seeks to create change through visionary leadership and advocacy so that people have choices and control over their own lives. (KCDD does not provide direct care services): **http://dbhdid.ky.gov/kdbhdid/default.asp**

Kentucky Housing Corporation – Special First Mortgage Loan Programs - New Construction Program for Single-Parent, Disabled and Elderly Households offers loans for newly constructed houses at interest rates from 1 to 6 percent. These limited funds are available, usually in July, on a first-come, first-served basis: **http://www.kyhousing.org**

Kentucky Office for the Blind – a state government rehabilitation agency that offers assistance to persons who are blind or visually impaired: **http://blind.ky.gov/Pages/default.aspx**

Kentucky Office of Vocational Rehabilitation – helps Kentuckians with disabilities achieve suitable employment and independence: **http://ovr.ky.gov**

Office of the Kentucky ADA Coordinator – contains links to many Kentucky agencies and ADA information: **www.ada.ky.gov/**

Aging and Disability Resource Guide – The Kentucky Aging and Disability Resource Guide provides information about and referrals to aging and disability information, programs and services. **http://resourcemarket.ky.gov/**

Disability Counts / RTC Rural Institute – This is a searchable database by state and city and by disability. **http://rtc.ruralinstitute.umt.edu/geography/stateDisability.asp**

Disability Statistics – provides wide array of data. Search disability statistics by state by clicking on *People,* then *Disability* and narrow the search criteria: **www.disabilitystatistics.org/**

Accommodations

The Job Accommodation Network (JAN) – JAN is an excellent source for information about accommodations. JAN's website is a wealth of information about accommodations and consultants. Services are free and confidential. **http://askjan.org/**
Kentucky Office of Vocational Rehabilitation – The Kentucky Office of Vocational Rehabilitation assists Kentuckians with disabilities to achieve suitable employment and independence. The office employs approximately 140 rehabilitation counselors in over 50 offices covering all 120 counties in Kentucky. **http://ovr.ky.gov/**

Kentucky Department of Veterans Affairs – On this website you will find information on benefits counseling, skilled nursing care at state veterans centers, dignified interment at state veterans cemeteries, health care, education, employment and special programs for women veterans, homeless veterans and others. **http://www.veterans.ky.gov/**

Registry of Interpreters for the Deaf (RID) – RID is a national membership organization representing the professionals who facilitate communication between people who are deaf or hard of hearing and people who hear. Interpreters serve as professional communicators in a vast array of settings such as: churches, schools, courtrooms, hospitals and theaters, as well as on political grandstands and television. RID can be searched by state. **http://rid.org/index.cfm**

Telecommunications Relay Services – also known as **TRS**, **Relay Service**, or **IP-Relay**, or Web-based relay services, is an operator service that allows people who are Deaf, Hard-of-Hearing, Speech-Disabled, or DeafBlind to place calls to standard

telephone users via a keyboard or assistive device. The Federal Communications Commission (FCC) has adopted use of the 711 dialing code for access to Telecommunications Relay Services (TRS). TRS permits persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities.
http://transition.fcc.gov/cgb/dro/trs.html

OTHER DISABILITY-RELATED SITES

ABILITY Magazine – an award-winning publication distributed by Time Warner with a combined online and print readership of more than one million. For close to two decades of service, ABILITY Magazine's mission has been to provide new insights into our individual levels of ability. ABILITY Magazine uses celebrity interviews and human interest stories to build awareness that disability is part of the fabric of life. Included are articles on technology, education, employment, travel and medical advancements, all with a healthy dose of fun and humor. **www.abilitymagazine.com/**

ABILITYJobs.com – This is an employment resource for individuals with disabilities, corporations seeking a diversified work force, and rehabilitation service providers. Free services for job seekers include resume posting and searchable job listings. Fee-based services for employers include job postings and resume searching. Job seekers and students seeking internships can freely post their resumes on the site with the knowledge that companies are actively seeking them for employment. **www.jobaccess.org/**

Centers for Independent Living – The term `center for independent living' means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

Kentucky
Lonnie Cowan, SILC Chair
P.O. Box 503
Lexington, KY 40588
(859) 252-2774

TTY: none
FAX: none
EMAIL: cpsg@juno.com
URL: none

Germaine O'Connell, Executive Director
1525 Bull Lea Road, Suite 160
Lexington, KY 40511
(859) 977-4050 xt. 232
FAX: none
EMAIL: germaine.oconnell@uky.edu
URL: none

Dave Matheis, SILC Liaison
Office of Vocational Rehabilitation

275 East Main Street, Mail Drop 2-EK
Frankfort, KY 40621
(502) 564-4440
TTY: (502) 564-4440
FAX: (502) 564-6745
EMAIL: daves.matheis@ky.gov
URL: none

Disability Resource Initiative
Executive Director
624 Eastwood Avenue

Bowling Green, KY 42103
(270) 796-5992 or (877) 437-5045
TTY: (800) 648-6057
FAX: (270) 796-6630
EMAIL: initiative@dri-ky.org

Independent Living Services
Gay Pannell
400 East Main Street, Suite 302
Bowling Green, KY 42101
(270) 746-7479
TTY: none
FAX: (270) 746-7481
EMAIL: none
URL: none

The Center for IL Options (Satellite)
Lin Laing
525 West Fifth Street, Suite 219
Covington, KY 41011
(859) 341-4346
TTY: none
FAX: (859) 341-1252
EMAIL: ciloky@cilo.net

The Disabilities Coalition of Northern Kentucky
Kitt Heeg
207 Thomas More Pkwy
Ft. Michell, KY 41017
(859) 431-7668
TTY: (800) 648-6057
FAX: (859) 431-7688
EMAIL: dcnky@fuse.net
URL: none

Pathfinders for Independent Living, Inc.
Sandra Goodwyn
105 East Mound Street
Harlan, KY 40831
(606) 573-5777 or (877) 340-7284
TTY: (606) 573-5777
FAX: (606) 573-5739
EMAIL: pathfinders@harlanonline.net

Independence Place, Inc.
Pamela Roark-Glisson
824 Euclid Avenue, Suite 103

Lexington, KY 40502
(859) 266-2807 or (877) 266-2807
TTY: (859) 266-2807
FAX: (859) 335-0627
EMAIL: info@independenceplaceky.org

Center for Accessible Living (CAL)
Jan Day
305 West Broadway, Suite 200
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CERT (Community Emergency Response Team) – encourages and provides training to foster readiness, people helping people, rescuer safety and doing the greatest good for the greatest number of people. CERT is a positive and realistic approach to emergency and disaster situations in which citizens must cope on their own before professional help arrives following any emergency.   **www.citizencorps.gov/cert/index.shtm**

Disability World Magazine – e-magazine of international disability news and views. **http://disabilityworld.org/**

Disability.gov – Disability.gov is the federal government website for comprehensive information on disability programs and services in communities nationwide. The site links to more than 14,000 resources from federal, state and local government agencies; academic institutions; and nonprofit organizations. You can find answers to questions about everything from Social Security benefits to employment to affordable and accessible housing. **www.disability.gov/**

Kentucky Assistive Technology Service (KATS) Network Coordinating Center – The KATS Network, the Kentucky Assistive Technology Act Program, serves Kentucky residents of all ages with disabilities of all types, their families, employers and employment service providers, educators, health care and social service providers, and others seeking information about assistive technology (AT) and accessible information technology. **http://katsnet.org/**

National Service To Employment Project (NextSTEP) – The National Service to Employment Project (NextSTEP) create tools and materials, conducts research, provides technical assistance, and creates demonstration projects focusing on people with disabilities in volunteer and community-service roles. **www.communityinclusion.org/project.php?project_id=57**

NFB-NEWSLINE – The **NFB-NEWSLINE** is a free service offered by the National Federation of the Blind (NFB) that give print-disabled individuals access to over 300 national and local publications and wire feeds as well as TV listings. **www.nfb.org/audio-newspaper-service**

Inclusive Volunteer Recruitment
Meeting Evaluation
Date:
Location:

Please rate the meeting you attended using the following scale:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The trainers were knowledgeable.					
3. The trainers responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful (if applicable).					
6. The session met its stated learning objectives.					
7. As a result of this training I gained new knowledge applicable to my position.					
8. I plan to apply what I learned at this event.					

What did we do well?

How can we improve this event in the future?

F. Barrier Buster Survey Sample

Event Site Survey for Handicap Accessibility
Please give detailed information for the following questions.

1. Is the site near a transit station or bus route? If yes, what is the name of the station? Approximately how far from site is the nearest stop?

2. Are there stairs, grass, and street (no sidewalk) in the path of travel to the project site?

3. Do curbs on the path have curb cuts at drives, parking, and drop-offs?

4. Are accessible parking spaces available (8 feet wide for car plus a 5 foot access aisle and signage)?

5. Can a person with a visual disability detect any protruding objects in the path with a cane?

6. Is the front entrance accessible to main floor?

7. Are workspaces accessible to wheelchairs that would be at least 27"H X 30"W and 19" in depth? Is there an elevator?

8. Are bathrooms (stalls, railings, sink, soap dispenser, towel dispenser, etc.) fully accessible?

9. Are the public phones wheelchair accessible? Are they text equipped (TTY or TDD)?

Surveyor: _____ Phone Number:_____

H. Sample Accommodations

The following examples represent accommodations that some AmeriCorps programs have made to help persons with disabilities participate in service. These examples are not designed to be prescriptive, since each individual will need tailored accommodations to address his or her disability. However, these examples can help project planners think about what types of accommodations might be necessary and budget accordingly.

Mobility Impairment

An AmeriCorps Program works with children ages three to five in school readiness activities with their parents. Members make home visits and coordinate group meetings to facilitate interaction and learning between parents and children. A member who uses a wheelchair joins the program. Meetings between program staff and members are moved to a downstairs room that is accessible because there is no elevator to the upstairs meeting room usually used. When assigning members to families, the Program Director ensures that the member is assigned to families with homes that are moderately accessible (e.g., the member can enter a home without much difficulty by using a portable ramp to wheel up one or two steps at an entrance.)

Learning Disability

Another AmeriCorps program works with Asian refugees to help youth assimilate into their new environment and to teach socialization, school readiness, and English language skills to children. An AmeriCorps member with a learning disability joins the program. After some discussion, the program routinely tapes memos and instructions for all members. All paper documents that are not easily taped are printed in large print and are copied on brightly colored paper.

Visual Impairment

An AmeriCorps program provides community safety workshops in local schools and community based programs. A member who is legally blind conducts the workshops. Occasionally, a second member accompanies her to assist with orientation and direction. All materials for the program are provided on disk, and some of the materials she uses for reference have been Brailled.

Hearing Impairment

An AmeriCorps Program that helps build and maintain trails in local parks and recreation areas recruits a member who is deaf. The program sponsors a training that focuses on effective communication skills so that the other members and program staff are aware of accommodation needs. All instructions are produced in writing. An interpreter is hired to assist the member in meetings and trainings.

Down's Syndrome

An AmeriCorps program that addresses local environmental concerns by coordinating park cleanups and urban gardening projects recruits a member who has Down's Syndrome. Each task that the members are to perform is broken down into several smaller tasks. With the assistance of a job coach from a local agency, the member is provided with one-on-one training on the job. The program director assigns different AmeriCorps members to work "buddy style" with this member on regularly assigned tasks. The job coach also assists the member in developing relationships with other members.

Diabetes

The schedule for an AmeriCorps program allows for two 10-minute breaks and one half hour lunch break. This does not allow sufficient time for a member with diabetes to test her blood sugar and take insulin if necessary. Nor does this schedule allow her to eat several small "snacks" throughout the day as required to maintain her blood sugar level. The schedule for the program was adjusted so that the member with diabetes was permitted to take five minute breaks at regular intervals throughout the day.

Chemical Sensitivity

An AmeriCorps member is particularly sensitive to chemicals. Through a comprehensive review of the program site, several allergens were removed, and steps were taken to ensure that fresh air was circulated through the site. Members and program staff were trained in emergency procedures for chemical sensitivity. The member was permitted to alter his schedule based on a need to remove himself from the site at different periods during the day. He was also able to make up this time.

(Taken from http://www.txserve.org/programs/disailit/examples.html. Website states that this is reprinted with permission from Access AmeriCorps, a cooperative agreement with United Cerebral Palsy and the Corporation for National and Community Service.)

http://www.nationalserviceresources.org/filemanager/download/711/InclusiveAccessibleService.pdf

Disability Plan
Introduction

Organizational Readiness: Are You Prepared?

Please take some time to do an honest assessment of how prepared your organization is to engage people with disabilities. By taking the time early on to determine your organization's interest, commitment, assets, and foreseeable challenges, you can avoid delays and problems later on.

Please address the following questions in your Disability Plan:

1. Describe your vision of people with disabilities in your organization.

2. What is your motivation for wanting to involve people with disabilities in your organization?

3. What expectations do you have for your organization and for people with disabilities?

4. What role do you see people with disabilities playing in your organization?

5. How do people with disabilities already participate with your organization?

6. What resources in your organization exist to ensure success for involving people with disabilities in meaningful service?

7. What organizations exist in your community that might be potential partners in supporting your efforts to engage people with disabilities?

8. In what ways do you hope to expand meaningful service for people with disabilities in your organization?

   *Adapted from "A Practical Guide For Developing Agency-School Partnerships For Service-Learning"

Assessment of Organizational Readiness to Support Meaningful Service –

YES NO Does your organization have a positive, widely shared vision about the role of people with disabilities as volunteers and leaders in the organization?

YES NO Do people in your organization see people with disabilities as a valuable resource for fulfilling your mission?

YES NO Are people with disabilities an active part of decision making processes that affect them and the work/service they will do?

YES NO Do agency staff say more positive than negative things about people with disabilities?

YES NO Does your organization have policies that allow people of all abilities to volunteer?

YES NO Are meetings held at times and locations at which people with disabilities can participate?

YES NO Are training and orientation materials about your agency provided in a language, format and style that people with disabilities can understand and enjoy?

YES NO Is your orientation and training geared to the diversity of the person with disabilities who will be serving?

WASHINGTON READING CORPS TOOLKIT: MODULE 5
Volunteer Recruitment and Management

Tool 2: Volunteer Program Readiness Checklist

Because the effectiveness and success of a volunteer program depends on the readiness and buy-in from volunteers, the tutoring program staff, and the community, it is important to assess your capability to use volunteers. Answer the following questions:

Yes	No	Organization Environment Self-Assessment
		Does our program have a statement of purpose, mission, or philosophy that addresses volunteer involvement?
		Do we have goals and objectives for the volunteer program, which support our program's mission?
		Do we have a long-term volunteer development plan?
		Do our promotional materials include
		Do our staff, program planning committee, and volunteers create a team environment where everyone feels valued?
		Does your program have a staff position whose role will be to focus on the recruitment, orientation, training and on-going support of volunteers?
		Is there a person designated to oversee volunteer involvement and maintain continuity and consistency in the management of volunteer resources?
		Are our board and staff fully informed of the volunteer program and its benefits to our program?
		Do we provide training to our staff on how to work with volunteers?
		Do staff job descriptions acknowledge responsibility for involving volunteers?
		Is there a clear agreement of the appropriate roles of volunteers in the organization? Name some of these roles.
		Does our Volunteer Coordinator have the support of our planning committee?
		Is the Volunteer Coordinator part of a leadership team in our program?
		Does the Volunteer Coordinator have adequate resources, i.e. time, money, and training, to manage the volunteer program?
		Are there financial resources available to support a volunteer program? For ex-ample is there money for travel reimbursement, refreshments, thank you/appreciation activities or training materials?
		What partnerships exist to support your volunteer program, i.e. in-kind donations?
		Does the Volunteer Coordinator have access to volunteer management publications, trade journals, and best practices information?
		Are organizations similar to yours competing for the same volunteer pool?

Adapted from VolunteerWorks, for more information go to http://volunteerworks.org/ and from Volunteer management workbook. Retrieved from http://www.nwrel.org/ecc/vista/est/documents/Volunteer_Workbook.pdf

Not an Official OSPI Document: For Workshop Use Only 24

Provision of Accommodations to Volunteers with Disabilities

The following is a sample policy on providing accommodations to volunteers with disabilities. This policy is intended as a guide for programs. An accommodation statement is an effective way to convey your program's commitment to volunteers with disabilities and to demonstrate that volunteers with disabilities will receive equal opportunity; this policy will help you establish procedures for accommodations when they are requested.

Upon a volunteer's self-disclosure of a disability and a request for an accommodation, the program will engage in the following process:

1. The volunteer manager or other program staff will ask the volunteer to suggest several accommodations and to show how these accommodations allow the volunteer to complete his or her essential duties and participate in the program.

2. The volunteer manager or other program staff will explain possible accommodations the program could provide the volunteer. Accommodations the program could offer include, but are not limited to: modifying policy and procedures, removing structural barriers, providing assistive devices, restructuring service descriptions, modifying service schedules, and substituting alternative learning experiences in place of educational requirements for qualified volunteers.

3. The volunteer manager or other program staff and the volunteer will jointly determine the costs of each suggested accommodation and assess the impact of the accommodation on the service environment.

4. The volunteer manager or other program staff and the volunteer may invite outside experts to offer ideas and resources on potential accommodations.

5. With the input of the volunteer, the program will procure and accommodation option that allows the volunteer to effectively complete his or her duties and participate in the program without causing the program an undue financial burden or altering the fundamental nature of the service duties or the program. The program reserves the right to select an accommodation option that is equally as effective as the volunteer's recommendation but less costly.

6. The volunteer manager or other program staff and the volunteer will meet at least once after the accommodation(s) is in place to review its effectiveness and make any changes necessary to ensure that the volunteer can participate fully in program activities.

7. The program recognizes that the provision of accommodation(s) is an ongoing process that may require occasional reevaluations to ensure volunteers with disabilities are fully included in all aspects of service. The program will engage in reevaluations of accommodation(s) on a periodic basis, or when the volunteer requests a reevaluation.

8. If the volunteer is dissatisfied with the decision of the program, the volunteer may file a grievance using the established grievance procedure in the Program Policy Manual.

9. All information about a volunteer's accommodation(s) is confidential. Documents about accommodation(s) will be placed in a locked file separate from the volunteer's application, evaluations, etc. Information regarding accommodation(s) may not be released without the volunteer's informed consent.

JAN
Job Accommodation Network
Practical Solutions ● Workplace Success

Job Accommodation Network
PO Box 6080
Morgantown, WV 26506-6080
(800)526-7234 (V)
(877)781-9403 (TTY)
jan@askjan.org
askjan.org

ODEP
Office of Disability
Employment Policy

A service of the U.S. Department of Labor's Office of Disability Employment Policy

JAN'S EAP SERIES

The Americans with Disabilities Act (ADA) requires covered employers to provide effective, reasonable accommodations for employees with disabilities. To help determine effective accommodations, the Equal Employment Opportunity Commission (EEOC), recommends that employers use an "interactive process," which simply means that employers and employees with disabilities who request accommodations work together.

According to the EEOC, the interactive process is not required under the ADA, but from a legal standpoint, going through the process is a way for employers to show that they are making a good faith effort to comply with the ADA. And from a practical standpoint, it is a way to streamline the accommodation process and help insure that effective accommodations are provided.

Because the ADA does not require an interactive process, employers are free to develop their own process. For employers who are looking for ideas about what to include, the following is an example of what the interactive process might look like.

Step 1: Recognizing an Accommodation Request

The interactive process starts with an accommodation request from an employee with a disability so it is important for employers to be able to recognize a request. So what constitutes an accommodation request? According to the EEOC, an individual may use "plain English" and need not mention the ADA or use the phrase "reasonable accommodation" when requesting an accommodation. Therefore, any time an employee indicates that he/she is having a problem and the problem is related to a medical condition, the employer should consider whether the employee is making a request for accommodation under the ADA.

The EEOC (Reasonable Accommodation and Undue Hardship (EEOC Guidance) at http://www.eeoc.gov/policy/docs/accommodation.html) provides the following examples:

Example A: An employee tells her supervisor, "I'm having trouble getting to work at my scheduled starting time because of medical treatments I'm undergoing." This is a request for a reasonable accommodation.

Example B: An employee tells his supervisor, "I need six weeks off to get treatment for a back problem." This is a request for a reasonable accommodation.

Example C: A new employee, who uses a wheelchair, informs the employer that her wheelchair cannot fit under the desk in her office. This is a request for reasonable accommodation.
Example D: An employee tells his supervisor that he would like a new chair because his present one is uncomfortable. Although this is a request for a change at work, his statement

is insufficient to put the employer on notice that he is requesting reasonable accommodation. He does not link his need for the new chair with a medical condition.

Tips:

- **Err on the side of caution:** If an employer is not sure whether an employee has requested an accommodation, the employer should ask the employee to clarify what is being requested and why.

- **Act quickly:** Once an accommodation request is identified, the employer should respond immediately – unnecessary delays in processing an accommodation request can violate the ADA.

- **Assign responsibility:** Employers should assign at least one person who is responsible for making sure an accommodation request is processed so the request is not lost on someone's desk.

- **Conduct training:** Employers should train all managers and supervisors to recognize accommodation requests and what to do with a request once it is received.

Step 2: Gathering Information

Once an accommodation request has been received, the employer should gather whatever information is necessary to process the request. Necessary information may include documentation of the disability and need for accommodation. In some cases, the employee's disability and need for accommodation are obvious and no additional information is needed. For example, if an employee who recently started using a wheelchair indicates that he needs a ramp to get into the workplace, the disability and need for accommodation are obvious.

However, in other cases the individual may know that he/she is having difficulty, but may be uncertain about the exact cause or possible solution. For example, if an employee with a non-visible disability indicates she is having trouble completing her work tasks because of her disability, the employer does not have enough information to provide effective accommodations. The employer needs to know what limitations are interfering with job performance and what specific work tasks are at issue.

So how should an employer get the information that is needed? The employee who requested the accommodation is often the best source of information about the disability and possible accommodations. If the employee cannot provide the necessary information, then medical documentation can be useful. The important thing for employers to remember is not to ask for too much information. Under the ADA, when an employee requests an accommodation and the disability and need for accommodation are not obvious, then the employer can request medical documentation to help determine whether the employee has a disability and needs the requested accommodation and information to help process the accommodation request.

Tips:

- **Find out the limitation and problem.** In most cases, to find effective accommodations employers need to know what limitation is causing what problem so this is usually a good place to start.

- **Get information from the employee when possible.** Employees with disabilities are familiar with their limitations and often know what accommodations will work best for them.

- **Remember ADA rules for medical inquiries.** A good policy for employers is to only ask for what is absolutely necessary. Asking for all medical records will rarely, if ever, meet this test.

Step 3: Exploring Accommodation Options

Once the employer has identified the employee's limitation that is causing a problem and has identified what that problem is, then the employer is ready to explore accommodation options. At this step, employers should be open to new ideas and new ways of doing things. This is the time to brainstorm and consider what might work.

Again, the employee who requested the accommodation is a good place to start so employers should always invite the employee to suggest accommodations. If more accommodation ideas are needed, the employer can ask the employee's medical provider for ideas – in some cases medical professionals are able to suggest effective accommodations. In other cases, they may not be able to suggest ideas, but may be able to say whether ideas under consideration will help overcome the employee's limitations.

And if still more ideas are needed, then the employer should consult with outside resources such as JAN, vocational rehabilitation, rehabilitation engineers, and disability-related organizations. Remember when consulting with outside resources, employers must comply with the confidentiality rules of the ADA. One good approach is to withhold the employee's name and identifying information from outside resources.

Tips:

- **Keep an open mind.** Accommodations are about doing things differently to help overcome disability-related limitations, so keep an open mind when exploring accommodation options.

- **Invite the employee to suggest accommodations.** The employee who requested the accommodation may have some good accommodation ideas, but may be hesitant to bring them up without being asked to do so.

- **Ask the employee's medical provider for ideas.** Some medical professionals will brainstorm accommodation ideas with employers.

- **Use JAN when needed.** JAN is a free, national resource for employers who are seeking help coming up with accommodation ideas.

Step 4: Choosing an Accommodation

Once accommodation options have been explored, the employer must choose what accommodation to implement. If there is more than one option, the employer should consider the preference of the employee. However, the employer gets to choose among effective options and can choose, for example, the lowest cost accommodation.

Sometimes employers are not sure whether an accommodation will work and are afraid if they try it out they will be locked in forever. This is not the case – employers are free to try accommodations and stop them if they do not work. One thing employers might want to do when testing accommodations is to make a written agreement with the employee that the accommodation is being tested, how long the test will be, and what will happen if the accommodation does not work. That way, no one is surprised when the accommodation is revisited down the road.

Tips:

- **Consider the employee's preference.** Although not required by the ADA, when possible employers should choose the accommodation the employee prefers.

- **Consider a trial period.** When it is not clear whether an accommodation will work, it might be possible to try out the accommodation.

Step 5: Implementing the Accommodation

Once an accommodation has been chosen, it is time to implement the accommodation. This step is very important to the success of an accommodation. If equipment is involved, then it needs to be properly installed and the employee needs to be trained in its proper use. If the accommodation involves a schedule change or policy modification, then certain managers or supervisors may need to know of the change to effectively implement it. If the accommodation involves an outside service, someone needs to make sure the service is provided promptly and effectively. If the accommodation is a reassignment, then the employee may need time to acclimate to the new job.

Tips:

- **Make sure all necessary steps are taken to implement the accommodation.** A good way to do this is to check to see if the accommodation is actually working.

- **Communicate with essential personnel about the accommodation.** Remember ADA confidentiality rules and only let managers and supervisors know about the accommodation if necessary.
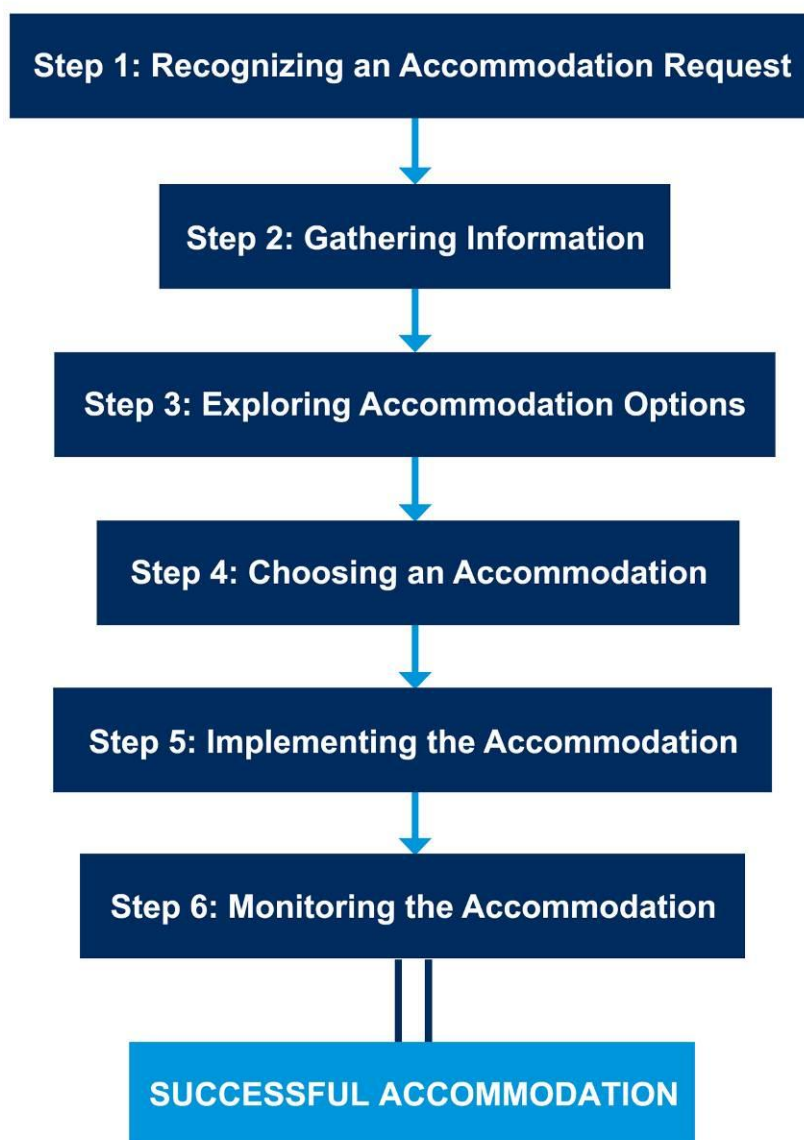
Step 6: Monitoring the Accommodation

An important but often forgotten part of the interactive process is monitoring accommodations after they are in place. In some cases, an accommodation stops being effective for various reasons such as: the employee's limitations change, workplace equipment changes, the job changes, the workplace itself changes, or the accommodation becomes an undue hardship for the employer.

Because changes occur, employers may need to periodically check on the ongoing effectiveness of accommodations. If equipment is involved in the accommodation, someone may need to be assigned to perform maintenance or upgrades as needed. The most important way to monitor accommodations is to encourage ongoing communication. Employees who are receiving accommodations need to understand that they should let their employers know if there are changes or problems with the accommodation and who specifically to contact.

Tips:

- **Check on effectiveness.** As things change in the workplace, accommodations may need to also change so employers should periodically check the effectiveness of accommodations.

- **Maintain the accommodation.** Equipment will not function forever without maintenance so when equipment is part of an accommodation, employers need to make sure the equipment is properly maintained.

- **Encourage ongoing communication.** For any workplace issue, ongoing communication is the key to success. The same is true for accommodations – employers should encourage employees to communicate any issues they have with their accommodations.

Figure 1:
THE INTERACTIVE PROCESS

Step 1: Recognizing an Accommodation Request

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Step 2: Gathering Information

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Step 3: Exploring Accommodation Options

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Step 4: Choosing an Accommodation

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Step 5: Implementing the Accommodation

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Step 6: Monitoring the Accommodation

SUCCESSFUL ACCOMMODATION

Updated 12/28/11.